

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Antoine Gee

Write the full name of each plaintiff or petitioner.

Case No. 19 CV 3622(LTS)

-against-

Department of corrections, Paul Bama's,

NOTICE OF MOTION

Deputy Warden Michelle Nallet (H + H)

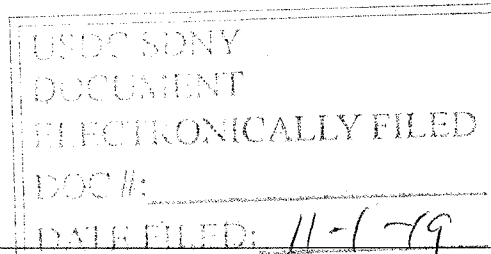
Write the full name of each defendant or respondent.

PLEASE TAKE NOTICE that

Gee, Antoine
plaintiff or defendant

Antoine Gee
name of party who is making the motion

requests that the Court:



Briefly describe what you want the court to do. You should also include the Federal Rule(s) of Civil Procedure or the statute under which you are making the motion, if you know.

In support of this motion, I submit the following documents (check all that apply):

- ☐ a memorandum of law
- ☐ my own declaration, affirmation, or affidavit
- ☒ the following additional documents:

10-19-19
Dated

[Signature]
Signature

Antoine D. Gee
Name

3491901703
Prison Identification # (if incarcerated)

1500 Hazen Street east elmhurst, New York 11370
Address City State Zip Code

Telephone Number (if available)

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Antoine, Gee

Fill in above the full name of each plaintiff or petitioner.

Case No. 19 CV 3622(LTS)

-against-

Department of corrections, Paul Ramos

(H + H) City of New York, Deputy

Warden Michelle Nallet

Fill in above the full name of each defendant or
respondent.

DECLARATION

in opposition to Defendants motion for
Summary Judgment

Briefly explain above the purpose of the declaration, for example, "in Opposition to Defendant's Motion for Summary Judgment."

I, Gee, Antoine, declare under penalty of perjury that the
following facts are true and correct:

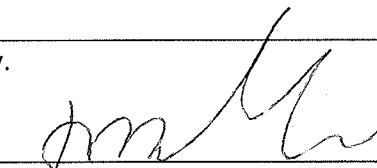
In the space below, describe any facts that are relevant to the motion or that respond to a court order. You may also refer to and attach any relevant documents.

I am attaching Supporting Documents as efi evidence

Attach additional pages and documents if necessary.

10-19-12

Executed on (date)



Signature

Antoine, Gee

Name

3191901703

Prison Identification # (if incarcerated)

1500 Hazen Street

Address

east elmhurst, new york

City

11370

State

Zip Code

Telephone Number (if available)

E-mail Address (if available)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmiry Command

04/11/2019

Appointment Provider: Christopher Larosa, PA

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- DiphenhydrAMINE HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Menthol-Methyl Salicylate - Ointment Total Dose: one application Every 8 Hours prn, stop date 04/15/2019, Drug Source: Pharmacy
- Robaxin 500 MG Tablet Total Dose: 500 mg Every 8 Hours, stop date 04/13/2019, Drug Source: Pharmacy
- Naprosyn 250 MG Tablet Total Dose: 250 mg every 12 hrs, stop date 04/14/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment

1. Medication renewal

Assessments

1. Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter - S88.919A

Treatment

1. Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter

Start Gabapentin Capsule, 100 MG, Total Dose: 100 mg, Orally, Every 8 Hours, 30 days, Drug Source: Pharmacy

Disposition: Dorm 3/Handicapped Housing

Appointment Provider: Christopher Larosa, PA



Electronically signed by Christopher Larosa, PA on
04/11/2019 at 10:24 AM EDT

Sign off status: Completed

North Infirmiry Command
1500 Hazen Street

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 04/11/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

04/12/2019

Appointment Provider: Christopher Larosa, PA

Current Medications**Taking**

- Calcium 500/D 500-200 MG-UNIT
Tablet Total Dose: one tablet Twice a day,
stop date 04/28/2019, KOP: No, Drug
Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At
Bedtime, stop date 04/26/2019, KOP: No,
Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule
Total Dose: 100 mg At Bedtime, stop date
04/26/2019, KOP: No, Drug Source:
Pharmacy
- Menthol-Methyl Salicylate- Ointment
Total Dose: one application Every 8 Hours
prn, stop date 04/15/2019, Drug Source:
Pharmacy
- Robaxin 500 MG Tablet Total Dose: 500
mg Every 8 Hours, stop date 04/13/2019,
Drug Source: Pharmacy
- Naprosyn 250 MG Tablet Total Dose: 250
mg every 12 hrs, stop date 04/14/2019, Drug
Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose:
100 mg Every 8 Hours, stop date 05/11/2019,
Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Reason for Appointment

1. Charger

Assessments1. Complete traumatic amputation of left lower leg, level unspecified,
sequela - S88.912S**Treatment****1. Others**

Referral To: Nursing Follow Up NIC

Reason: Charger

Referral To: Internal (REF) DOC Miscellaneous

Reason: Please allow pt to use charger daily from 6 AM until 10
AM. Thank you

Disposition: Dorm 3/Handicapped Housing

Appointment Provider: Christopher Larosa, PA

Electronically signed by Christopher Larosa, PA on
04/12/2019 at 10:56 AM EDT

Sign off status: Completed

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 04/12/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

04/13/2019

Antonio Joseph, MD

Current Medications**Taking**

- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Menthol-Methyl Salicylate - Ointment Total Dose: one application Every 8 Hours prn, stop date 04/15/2019, Drug Source: Pharmacy
- Robaxin 500 MG Tablet Total Dose: 500 mg Every 8 Hours, stop date 04/13/2019, Drug Source: Pharmacy
- Naprosyn 250 MG Tablet Total Dose: 250 mg every 12 hrs, stop date 04/14/2019, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Every 8 Hours, stop date 05/11/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan 17 treated, July 17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment

1. Requesting stat dose of gabapentin

History of Present Illness**Notes:**

27 year old s/p left leg amputation with prosthesis in place. complaining of phantom pain and requesting stat dose of Gabapentin. Patient has an active prescription for Gabapentin 100 mg TID.

Examination**General Examination:**

GENERAL APPEARANCE: no acute distress.

NEUROLOGIC EXAM: alert and oriented x 3, gait: is s/p left BKA; has left leg prosthesis.

MENTAL STATUS: normal speech, normal, full affect, alert, awake, oriented x 3.

Assessments

1. Phantom limb syndrome with pain - G54.6

Treatment**1. Phantom limb syndrome with pain**

Start Gabapentin Capsule, 300 MG, Total Dose: 300 mg, Orally, 1 dose Stat, 1 days, Refills 0, Drug Source: RN/LPN DOT

Notes: 27 year old s/p left leg amputation with prosthesis in place. complaining of phantom pain and requesting stat dose of Gabapentin. Patient has an active prescription for Gabapentin 100 mg TID. Will give stat dose of Gabapentin as requested.

Follow Up

prn

Disposition: Return to Current Housing

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Antonio Joseph, MD 04/13/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYSID: 01041691M **BookCase:** 3491901703**GEE, ANTOINE**

223 NORTH JAMES ST, 2, PEEKSKILL, NY 10566

DOB: 03/20/1992 **Age:** 27 Y **Sex:** Male**Primary Insurance:****PCP:****Account Number:** 348672**Home:****Work:****Cell:****Email:****Advance Directive:****Allergies :** N.K.D.A**Medical History****Active Problem List**

| Code | Name | Specify | Notes | Added On | Modified On | Modified By |
|----------|--|---------|--|------------|-------------|---------------------------|
| RI50 | SMI - NO | | | 09/19/2017 | 04/01/2019 | Allen, Malissa |
| F43.23 | Adjustment disorder with mixed anxiety and depressed mood | | | 09/26/2017 | 04/01/2019 | Allen, Malissa |
| Z00.01 | Encounter for general adult medical examination with abnormal findings | | | 07/07/2017 | 07/07/2017 | Harris, Brenda R |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter | | | 07/07/2017 | 07/12/2017 | Minn, Myoe |
| I10 | Essential (primary) hypertension | | | 07/07/2017 | 03/28/2019 | Davia, Michael |
| M79.605 | Pain in left leg | | | 07/08/2017 | 04/08/2019 | Scrimmager, Leon |
| F41.8 | Other specified anxiety disorders | | | 07/11/2017 | 07/12/2017 | Minn, Myoe |
| Z44.8 | Encounter for fitting and adjustment of other external prosthetic devices | | | 07/12/2017 | 07/12/2017 | Minn, Myoe |
| 820.9 | Open fracture of hip NOS | | | 07/12/2017 | 07/12/2017 | Minn, Myoe |
| R07.82 | Intercostal pain | | | 09/18/2017 | 09/18/2017 | Mccready, Joseph |
| Z71.3 | Dietary counseling and surveillance | | | 09/18/2017 | 09/18/2017 | Mccready, Joseph |
| A52.8 | Late syphilis, latent | | | 09/22/2017 | 09/22/2017 | Barnes (inactive), Landis |
| Z63.4 | Disappearance and death of family member | | | 09/22/2017 | 09/22/2017 | Mateo, Eugenio |
| 733.90 | Osteopenia | | | 10/18/2017 | 10/18/2017 | Mccready, Joseph |
| E78.5 | Hyperlipidemia, unspecified | | The client is on Remeron, Abilify at present. the medications can cause lipids and glucose abnormalities. Glyco Hemoglobin A1-C to be monitor. | 10/19/2017 | 10/19/2017 | Mejia, Franklin |

04/17/2019

New York City Department Of Correction
View/Print Inmate Transactions

IFCAIT01
S9089

BAC Number : 3491901703

GEE,ANTOINE

| Date | Description | Notes | Reference | Amount | Balance |
|----------|--------------------|-------------------------|--------------|--------|---------|
| 04/17/19 | POSTAGE/CERT. MAIL | 5WHALANPLC, YONKERSNY | 1343706655 (| 0.55) | 9.15 |
| 04/17/19 | POSTAGE/CERT. MAIL | 7520ASTORIA BLV, E, ELM | 1343706654 (| 0.55) | 9.70 |
| 04/17/19 | POSTAGE/CERT. MAIL | 526W146ST NY NY10031 | 1343706653 (| 0.55) | 10.25 |
| 04/17/19 | POSTAGE/CERT. MAIL | 70W3RDST, MTVERNON, NY | 1343706652 (| 0.55) | 10.80 |
| 04/17/19 | POSTAGE/CERT. MAIL | 125BWAY NY 10013 | 1343706651 (| 0.55) | 11.35 |
| 04/17/19 | POSTAGE/CERT. MAIL | 199WATER ST NY 10038 | 1343706649 (| 0.55) | 11.90 |
| 04/17/19 | HAIRCUT/HAIRSTYLE | HA - 1343591181 | 1343706648 (| 2.00) | 12.45 |
| 04/17/19 | VENDOR PHONE CHARG | RS - 1343690154 | 1343706647 (| 0.60) | 14.45 |

| | | |
|---------------------|---|----------|
| Available Balance | : | 9.15 |
| Total Balance | : | 9.15 |
| Current Facility ID | : | NIC |
| Status | : | DETAINED |
| Filing Fee Balance | : | |

| | |
|-----------------------|---|
| Unpaid Restitutions | : |
| Held Check Balance | : |
| Surcharge Balance | : |
| Uncollected Surcharge | : |
| Funds in Escrow | : |

<Next>=Down Page <Prev>=Up Page <F2>=Print Report <F11>=Exit
<F17>=Restitutions <F18>=Phone Calls <F20>=Date



NEW YORK SPINE & SPORT
REHABILITATION MEDICINE P.C.
ADVANCED PAIN MANAGEMENT INTERVENTIONS

GEE, ANTOINE D

25 Y old Male, DOB: 03/20/1992

Account Number: 75517

526 WEST 146ST , APT 4C, NEW YORK, NY-10031

Home: 646-590-2378

Guarantor: GEE, ANTOINE D Insurance: MVP HEALTH

CARE Payer ID: SX089

PCP: JOHN MEGARR Referring: PLACENCIA MITZY

Appointment Facility: BronxBlvd/North-Bronx-NYSSRM

08/17/2017

PROGRESS NOTE: Geetha Ajay

Current Medications

Taking

- Gabapentin 400 MG Capsule 1 capsule Three times a day
- TraMADol HCl ER 200 MG Tablet Extended Release 24 Hour 1 tablet Once a day
- Percocet 10-325 MG Tablet 1 tablet as needed q 12 hrs, prn pain
- Oxycodone HCl 10 MG Tablet 1 tablet every 12 hours

Past Medical History

HIGH BLOOD PRESSURE

Surgical History

pelvic reconstruction
Knee Surgery
LEG SURGERY
Amputation of the left leg 1/2015

Allergies

morphine
Anesthesia
Aspirin

Review of Systems

Pain Management:

Bowel Problems No. Bladder Problems No. Fever No. Headaches No. Numbness No. Tingling No. Back pain No. Neck Pain No. Joint Pain No. no Insomnia. no Depression.

Reason for Appointment

1. F/U

History of Present Illness

Pain management:

The patient complains of pain in the mid back , lower back radiating into the bilateral hip down the thigh. Patient has tightness in his right ankle. . The pain is described as sharp, stabbing , dull , aching , burning , cramping , pressure . The timing of the pain is constant. The pain is worse in the lower back. The severity of the pain is 7.5/10 with medications on a visual analog scale with 10 being the most unbearable pain ever felt. The pain began 01/17/17-after a motor vehicle accident causing sciatic nerve damage, patient stated that went down to surgery around 17 times. Treatments have included physical therapy, local injections without relief . The pain is improved by with activity . The pain is aggravated by prolonged sitting . The pain is associated with swelling at the base of the stump. patient's would like to return to normal painfree daily activities. patients ability to function is limited in regards to do ADLS. Patient has not been able to do much because he has not had his medication. Compared to last visit the pain is unchanged in the back (axial pain) area overall since initial visit.

Examination

General examination:

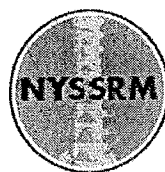
General appearance: Alert and Oriented x
3. Mood: Normal. Gait: Normal. Coordination: Test for balance and neuro-functional strength testing reveal with normal responses. Pulse: Palpable Pulses. Edema: None. RI No lesions. Temperature: afebrile.

Lower back:

Inspection: no visible or palpable masses, significant muscle spasm. Palpation: No palpable deformity is present, tenderness with muscle spasms, at the bilateral lumbar midline area, R>L. Lumbar spine ROM limited ROM within all planes of activity. Cervical pain and stiffness reproduction was tested with mov however, none was present. Straight leg raising: negative bilaterally. Stability: Patricks test and Gaenslens test are negative bilaterally. Motor system: Bilateral upper and lower extremities reveals normal strength bilaterally. Sensory exam: Normal spine, bilateral UE & LE. Deep

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Geetha Ajay 08/17/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



NEW YORK SPINE & SPORT
REHABILITATION MEDICINE P.C.
ADVANCED PAIN MANAGEMENT INTERVENTIONS

GEE, ANTOINE D

25 Y old Male, DOB: 03/20/1992

Account Number: 75517

526 WEST 146ST, APT 4C, NEW YORK, NY-10031

Home: 646-590-2378

Guarantor: GEE, ANTOINE D Insurance: MVP HEALTH

CARE Payer ID: SX089

PCP: JOHN MEGARR Referring: PLACENCIA MITZY

Appointment Facility: BronxBlvd/North-Bronx-NYSSRM

11/16/2017

PROGRESS NOTE: Geetha Ajay

Current Medications

Taking

- Gabapentin 400 MG Capsule 1 capsule
Three times a day

Unknown

- Percocet 10-325 MG Tablet 1 tablet as
needed q 12 hrs, prn pain
- TraMADol HCl ER 200 MG Tablet
Extended Release 24 Hour 1 tablet Once a day

Past Medical History

HIGH BLOOD PRESSURE

Surgical History

pelvic reconstruction
Knee Surgery
LEG SURGERY
Amputation of the left leg 1/2015

Family History

Non-Contributory

Social History

Handedness: Right.
Marital status: Single.
Alcohol: yes, Moderate.
Smoking: yes, I previously smoked.

Allergies

morphine
Anesthesia
Aspirin

Review of Systems

Pain Management:

Bowel Problems No. Bladder
Problems No. Fever No. Headaches No.
Numbness No. Tingling No. Back pain Yes.
Neck Pain No. Joint Pain No. no Insomnia.
no Depression.

Reason for Appointment

1. F/U

History of Present Illness

Pain management:

The patient complains of pain in the lower back radiating into the hips. The pain is described as sharp, throbbing. The timing of the pain is constant. The pain is worse in the lower back. The severity of the pain is 8/10 with medications on a visual analog scale with 10 being the most unbearable pain ever felt. The pain began 01/17/17-after a motor vehicle accident causing sciatic nerve damage, patient stated that went down to surgery around 17 times. Treatments have included physical therapy, local injections without relief. The pain is improved by with activity. The pain is aggravated by prolonged sitting. The pain is associated with swelling at the base of the stump. patient's would like to return to normal painfree daily activities. patient's ability to function is limited in regards to do ADLS. Patient has not been able to do much because he has not had his medication. Compared to last visit the pain is unchanged in the back (axial pain) area overall since initial visit.

Examination

General examination:

General appearance: Alert and Oriented x
3. Mood: Normal. Gait: Normal. Coordination: Test for balance and neuro-functional strength testing reveal with normal responses. Pulse: Palpable Pulses. Edema: None. RI No lesions. Temperature: afebrile.

Lower back:

Inspection: no visible or palpable masses, significant muscle spasm. Palpation: No palpable deformity is present, tenderness with muscle spasms, at the bilateral lumbar midline area, R>L. Lumbar spine ROM limited ROM within all planes of activity. Cervical pain and stiffness reproduction was tested with mov however, none was present. Straight leg raising: negative bilaterally. Stability: Patricks test and Gaenslens test are negative bilaterally. Motor system: Bilateral upper and lower extremities reveals normal strength bilaterally. Sensory exam: Normal spine, bilateral UE & LE. Deep Tendon Reflexes: Bilaterally symmetrical 1+ in UEs & LEs, Babinski negative.

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Geetha Ajay 11/16/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



NEW YORK SPINE & SPORT
REHABILITATION MEDICINE PC

ADVANCED PAIN MANAGEMENT INTERVENTIONS

GEE, ANTOINE D

25 Y old Male, DOB: 03/20/1992

Account Number: 75517

526 WEST 146ST , APT 4C, NEW YORK, NY-10031

Home: 646-590-2378

Guarantor: GEE, ANTOINE D Insurance: MVP HEALTH

CARE Payer ID: SX089

PCP: JOHN MEGARR Referring: PLACENCIA MITZY

Appointment Facility: NYSSRM6-NYSSRM-MidtownManhattan

08/04/2017

PROGRESS NOTE: Sireen Gopal, MD

Current Medications

Taking

- OxyContin 20 MG Tablet Extended Release 12 Hour
- Oxycodone HCl 10 MG Tablet
- Medication List reviewed and reconciled with the patient

Past Medical History

HIGH BLOOD PRESSURE

Surgical History

pelvic reconstruction
Knee Surgery
LEG SURGERY
Amputation of the left leg

Family History

No Family History documented.

Social History

Handedness: Right.
Marital status: Single.
Alcohol: yes, Moderate.
Smoking: yes, I previously smoked.

Allergies

morphine
Anesthesia
Aspirin

Review of Systems

Multisystem Review:

Constitutional Negative. Opioid management denies abuse of medication, denies medication side effects. Cardiology Negative. Respiratory Negative. Gastroenterology Negative. Genitourinary Negative. Neurology Negative. Psychiatric Negative. Endocrinology Negative. HEENT Negative. Hematology / Oncology denies bleeding disorder.

Other:

no Anemia. no Bleeding tendencies.

Reason for Appointment

1. follow up

History of Present Illness

Pain management:

The patient complains of increased pain in the mid back down the lower back radiating into the bilateral hip down the thigh. Patient has tightness in his right ankle. Patient complains of increased neuropathic pain and would like to try gabapentin again. Patient also having a tightness and discomfort in the pelvic area. The pain is described as sharp, stabbing, dull, aching, burning, cramping, pressure. The timing of the pain is constant. The pain is worse in the lower back. The severity of the pain is 10/10 with medications on a visual analog scale with 10 being the most unbearable pain ever felt. The pain began 01/17/17-after a motor vehicle accident causing sciatic nerve damage, patient stated that went down to surgery around 17 times. Treatments have included physical therapy, local injections without relief. The pain is improved by with activity. The pain is aggravated by prolonged sitting. The pain is associated with swelling at the base of the stump. patient's would like to return to normal painfree daily activities. patients ability to function is limited in regards to do ADLS. Patient has not been able to do much because he has not had his medication. Compared to last visit the pain is 3 times as bad as it was before due to not having his meds and also the elevator in his building is not working so he has had to walk up the stairs.

Examination

General examination:

General appearance: Alert and Oriented x
3. Mood: Normal. Gait: Normal. Coordination: Test for balance and neuro-functional strength testing reveal with normal responses. Cardiovascular Regular rate and rhythm. Pulse: Palpable. Edema: None. RI No lesions. Temperature: afebrile.

Lower back:

Inspection: no visible or palpable masses, significant muscle spasm. Palpation: No palpable deformity is present, tenderness with muscle spasms, at the lumbar midline area. Lumbar spine ROM limited ROM within all planes of activity. Cervical pain and stiffness reproduction was tested with mov however, none was present. Straight leg raising: negative bilaterally. Stability: Patricks test and Gaenslens

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Sireen Gopal, MD 08/04/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

no Cancer. no Chemotherapy. no Urinary Tract Infection. no Immunosuppressed. no Pregnancy. no Recent steroid use. no Transfusion history. no Sickle Cell.

Pain Management:

Bowel Problems No. Bladder Problems No. Fever No. Headaches No. Numbness No. Tingling No. Back pain No. Neck Pain No. Joint Pain No. no Insomnia. no Depression.

Pain Management:

Bowel and Bladder Problems No.

Constitutional Symptoms:

recent weight change yes. no fever. no fatigue.

Dermatology:

Patient denies rash.

Ophthalmology:

no Blurring of vision. no Burning. no Dander related eye symptoms. no Diminished vision. no Drainage from eyes. no Dry eyes. no Eye irritation. no Eye pain. no Glaucoma. no Photophobia. no Red eyes. no Seasonal eye sx. no Vision loss.

Cardiology:

no Heart trouble. no Chest Pain/Angina. no shortness of breath. no Swelling of feet/Ankles/Hand.

Respiratory:

Chronic or Frequent Cough No. Shortness of Breath No. no Asthma.

Gastroenterology:

no Loss of Appetite. no change in bowel habits. no Nausea/Vomiting. Constipation yes. no Abdominal pain. no Heartburn. no Peptic Ulcer.

Respiratory 2:

Asthma No. Bronchitis No. COPD Yes. Dyspnea No. Orthopnea Yes. Pneumonia Yes. Recent URI yes. no Chest congestion. no Chest pain. no Cough. no Excessive sputum. no Shortness of breath. no Wheezing.

Urology:

no frequent urination. no Burning or painful urination. no Blood in urine. no difficulty starting/stopping. no Urinary incontinence. no Sexual difficulty.

Musculoskeletal:

Joint pain yes. Joint stiffness yes. Joint swelling yes. weakness of muscles or joints yes. Muscle Pain yes. Back pain yes. Neck Pain yes. Difficulty in walking yes.

Neurology:

no Headache. no Light headed or dizzy. no Convulsions or Seizures. Tingling/numbness yes. no Tremor. no Paralysis. no Head injury.

Female reproductive:

no Abnormal vaginal discharge. no Breast pain. no Contraception. no Dysmenorrhea. no Dyspareunia. no Frequent yeast infections. no Heavy periods. no Hot flashes. no Infertility. no Menstrual period. no Nipple discharge. no Pelvic pain. no Post-menopausal.

test are negative bilaterally. Motor system: Bilateral upper and lower extremities reveals normal strength bilaterally. Sensory exam: Normal spine, bilateral UE & LE. Deep Tendon Reflexes: Bilaterally symmetrical 1+ in UEs & LEs, Babinski negative.

Hip / Thigh:

Hip joint: right. Inspection: no effusion, ecchymosis or deformities. Palpation: tenderness on trochanteric bursa right. Range of motion: Right: Patricks test is negative and restricted rotation and abduction.

Assessments

1. Other spondylosis with radiculopathy, lumbar region - M47.26 (Primary)
2. Low back pain - M54.5
3. Sacroiliitis, not elsewhere classified - M46.1
4. Pain in right knee - M25.561
5. Opioid use, unspecified, uncomplicated - F11.90
6. Myalgia - M79.1
7. Bilateral primary osteoarthritis of hip - M16.0
8. Phantom limb syndrome with pain - G54.6

Treatment

1. Other spondylosis with radiculopathy, lumbar region

Refill OxyContin Tablet ER 12 Hour Abuse-Deterrent, 15 MG, 1 tablet, Orally, every 12 hrs, 30 days, 60 Tablet

Refill Oxycodone HCl Tablet, 10 MG, 1 tablet, Orally, every 12 hours, 30 days, 30

PROCEDURE: ULTRASOUND

PROCEDURE: THERAPEUTIC PROCEDURE

PROCEDURE: THERAPEUTIC EXERCISE 1/1

PROCEDURE: ELECTRICAL STIMULATION

PROCEDURE: MYOFASCIAL RELEASE

PROCEDURE: HOT COLD PACKS

PROCEDURE: GAIT TRAINING

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration.

2. Sacroiliitis, not elsewhere classified

PROCEDURE: 77003 FLOUROSCOPY

PROCEDURE: 27096 SACROILIAC JOINT ARTHROGRAPH

Notes: Patient Educated with: Anesthesia Instructions-Pain Intervention04252017144434.pdf (Anesthesia Instructions-Pain Intervention04252017144434.pdf) Patient Educated with: SACRO-ILIAC JOINT INJECTION04272017092345.pdf (SACRO-ILIAC JOINT INJECTION04272017092345.pdf), Natural history of the above condition was explained in detail with various treatment options in consideration, Sacroiliac injection injection under fluoroscopic guidance is recommended in the near future. These injection are performed with xray guidance to direct potent medications to the

no Pregnancies. no Sexually active.

Psychology:

no Memory loss or confusion.
no Nervousness. no Insomnia.
no Depression. no Suicidal ideation.

Endocrinology:

no Glandular or Hormone problem. no
Thyroid Disease. no Thyroid disease.
no Excessive thirst. no Excessive urination.
no Cold intolerance. no Heat intolerance.

Hematology:

Patient denies abnormal bleeding.

Male reproductive:

no Contraception. no Difficulty
urinating. no Difficulty with erection.
no Diminished sexual drive. no Impotence.
no Penile discharge.

Allergy:

no drug allergies.

HEENT:

no blurred vision. no Dry mouth.
no Headache.

Opioid Management:

Patient denies medication abuse,
medication side effects, alcohol use.

precise joint as the source of the pain. The steroid reduces inflammation in the joint to relief pain. Possible benefits, side effects, complications and alternatives were discussed in detail. No contraindications are present. The goal of interventional pain management is to control pain to facilitate rehabilitation and improve function. This may aid in breaking the pain cycle of drug dependence and disuse. Patient was explained that these injections are done under fluoroscopic guidance to improve safety and efficacy. Furthermore these targeted source of pain treatment limit dosage and side effects of steroids used. Risks for the spinal interventional procedure recommended include but not limited to infection, bleeding, nerve injury, loss of limb function, loss of sensation and paralysis. It was explained to patient that all forms of spine interventions although rare involve some risks and no guarantee or promises can be made concerning the results of my procedure or treatment.

Follow Up

4 Weeks

**Electronically signed by SIREEN GOPAL , MD on 11/17/2017
at 03:12 PM EST**

Sign off status: Pending

**NYSSRM6-NYSSRM-MidtownManhattan
800 2ND AVE
NEW YORK, NY 10017-4709
Tel: 212-991-9991
Fax: 212-991-9901**

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Sireen Gopal, MD 08/04/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PROGRESS NOTE**Patient:** GEE, ANTOINE D**Account Number:** 75517**DOB:** 03/20/1992 **Age:** 25 Y **Sex:** Male**Phone:** 914-987-8541**Address:** 526 WEST 146ST , APT 4C, NEW YORK, NY-10031**Pcp:** JOHN MEGARR**Provider:** Sireen Gopal, MD**Date:** 06/08/2017**Subjective:****Chief Complaints:**

- MID BACK PAIN

HPI:**Pain management:**

The patient complains of pain in the mid back down the lower back radiating into the bilateral hip down the thigh associated with tingling . The pain is described as sharp, stabbing , dull , aching , burning , cramping , pressure . The timing of the pain is constant. The pain is worse in the lower back. The severity of the pain is 10/10 with medications on a visual analog scale with 10 being the most unbearable pain ever felt. The pain began 01/17/17-after a motor vehicle accident causing sciatic nerve damage, patient stated that went down to surgery around 17 times. Treatments have included physical therapy, local injections without relief . The pain is improved by with activity . The pain is aggravated by prolonged sitting . patient's would like to return to normal painfree daily activities. patients ability to function is limited in regards to do ADLS.

ROS:**Multisystem Review:**

- Constitutional Negative.
- Opioid management denies abuse of medication, denies medication side effects.
- Cardiology Negative.
- Respiratory Negative.
- Gastroenterology Negative.
- Genitourinary Negative.
- Neurology Negative.
- Psychiatric Negative.
- Endocrinology Negative.
- HEENT Negative.
- Hematology / Oncology denies bleeding disorder.

Other:

- no Anemia.
- no Bleeding tendencies.
- no Cancer.
- no Chemotherapy.
- no Urinary Tract Infection.
- no Immunosuppressed.
- no Pregnancy.
- no Recent steroid use.
- no Transfusion history.
- no Sickle Cell.

Pain Management:

- Bowel Problems No.
- Bladder Problems No.

- Fever No.
- Headaches No.
- Numbness No.
- Tingling No.
- Back pain No.
- Neck Pain No.
- Joint Pain No.
- no Insomina.
- no Depression.

Pain Management:

- Bowel and Bladder Problems No.

Constitutional Symptoms:

- recent weight change yes.
- no fever.
- no fatigue.

Cardiology:

- no Heart trouble.
- no Chest Pain/Angina.
- no shortness of breath.
- no Swelling of feet/Ankles/Hand.

Dermatology:

- Patient denies rash.

Ophthalmology:

- no Blurring of vision.
- no Burning.
- no Dander related eye symptoms.
- no Diminished vision.
- no Drainage from eyes.
- no Dry eyes.
- no Eye irritation.
- no Eye pain.
- no Glaucoma.
- no Photophobia.
- no Red eyes.
- no Seasonal eye sx.
- no Vision loss.

Respiratory:

- Chronic or Frequent Cough No.
- Shortness of Breath No.
- no Asthma.

Gastroenterology:

- no Loss of Appetite.
- no change in bowel habits.
- no Nausea/Vomiting.
- Constipation yes.
- no Abdominal pain.
- no Heartburn.
- no Peptic Ulcer.

Urology:

- no frequent urination.
- no Burning or painful urination.

- no Blood in urine.
- no difficulty starting/stopping.
- no Urinary incontinence.
- no Sexual difficulty.

Respiratory 2:

- Asthma No.
- Bronchitis No.
- COPD Yes.
- Dyspnea No.
- Orthopnea Yes.
- Pneumonia Yes.
- Recent URI yes.
- no Chest congestion.
- no Chest pain.
- no Cough.
- no Excessive sputum.
- no Shortness of breath.
- no Wheezing.

Musculoskeletal:

- Joint pain yes.
- Joint stiffness yes.
- Joint swelling yes.
- weakness of muscles or joints yes.
- Muscle Pain yes.
- Back pain yes.
- Neck Pain yes.
- Difficulty in walking yes.

Neurology:

- no Headache.
- no Light headed or dizzy.
- no Convulsions or Seizures.
- Tingling/numbness yes.
- no Tremor.
- no Paralysis.
- no Head injury.

Female reproductive:

- no Abnormal vaginal discharge.
- no Breast pain.
- no Contraception.
- no Dysmenorrhea.
- no Dyspareunia.
- no Frequent yeast infections.
- no Heavy periods.
- no Hot flashes.
- no Infertility.
- no Menstrual period.
- no Nipple discharge.
- no Pelvic pain.
- no Post-menopausal.
- no Pregnancies.
- no Sexually active.

Psychology:

- no Memory loss or confusion.
- no Nervousness.
- no Insomnia.
- no Depression.
- no Suicidal ideation.

Hematology:

- Patient denies abnormal bleeding.

Male reproductive:

- no Contraception.
- no Difficulty urinating.
- no Difficulty with erection.
- no Diminished sexual drive.
- no Impotence.
- no Penile discharge.

Endocrinology:

- no Glandular or Hormone problem.
- no Thyroid Disease.
- no Thyroid disease.
- no Excessive thirst.
- no Excessive urination.
- no Cold intolerance.
- no Heat intolerance.

Allergy:

- no drug allergies.

HEENT:

- no blurred vision.
- no Dry mouth.
- no Headache.

Opioid Management:

- Patient denies medication abuse, medication side effects, alcohol use.

Medical History:

- HIGH BLOOD PRESSURE

Surgical History:

- pelvic reconstruction
- Knee Surgery
- LEG SURGERY
- Amputation of the left leg

Family History:

Non-Contributory

Social History:

Handedness: Right.

Marital status: Single.

Alcohol: yes, Moderate.

Smoking: yes, I previously smoked.

Medications:

Taking

- OxyContin 20 MG Tablet Extended Release 12 Hour

- Oxycodone HCl 10 MG Tablet
- Medication List reviewed and reconciled with the patient

Allergies:

- morphine
- Anesthesia
- Aspirin

Objective:

Vitals: BMI 22.24, Wt 164, Ht 6'0".

Examination:General examination:

- General appearance: Alert and Oriented x 3.
- Mood: Normal.
- Gait: Normal.
- Coordination: Test for balance and neuro-functional strength testing reveal with normal responses.
- Cardiovascular Regular rate and rhythm.
- Pulse: Palpable Pulses.
- Edema: None.
- RI No lesions.
- Temperature: afebrile.

Lower back:

- Inspection: no visible or palpable masses, significant muscle spasm.
- Palpation: No palpable deformity is present, tenderness with muscle spasms, at the lumbar midline area.
- Lumbar spine ROM limited ROM within all planes of activity.
- Cervical pain and stiffness reproduction was tested with mov however, none was present.
- Straight leg raising: negative bilaterally.
- Stability: Patricks test and Gaenslens test are negative bilaterally.
- Motor system: Bilateral upper and lower extremities reveals normal strength bilaterally.
- Sensory exam: Normal spine, bilateral UE & LE.
- Deep Tendon Reflexes: Bilaterally symmetrical 1+ in UEs & LEs, Babinski negative.

Hip / Thigh:

- Hip joint: right.
- Inspection: no effusion, ecchymosis or deformatites.
- Palpation: tenderness on trochanteric bursa right.
- Range of motion: Right: Patricks test is negative and restricted rotation and abduction.

Therapeutic Interventions:**Assessment:****Assessment:**

- Other spondylosis with radiculopathy, lumbar region - M47.26 (Primary)
- Low back pain - M54.5
- Sacroiliitis, not elsewhere classified - M46.1
- Pain in right knee - M25.561
- Opioid use, unspecified, uncomplicated - F11.90
- Myalgia - M79.1
- Bilateral primary osteoarthritis of hip - M16.0

Plan:

1. Other spondylosis with radiculopathy, lumbar region

Refill OxyContin Tablet Extended Release 12 Hour, 20 MG, 1 tab(s), Orally, every 12 hrs, 30 day(s), 60 Tablet ;

Stop Oxycodone HCl Tablet, 10 MG, Orally ;

Start Oxycodone-Acetaminophen Tablet, 10-325 MG, 1 tablet as needed, Orally, q 12 hrs, prn pain, 30 day(s), 60 ;

Start Lyrica Capsule, 75 MG, 1 capsule, Orally, tid, 30 day(s), 90 Capsule, Refills 1 .

- **Procedure:**77003 FLOUROSCOPY
- **Procedure:**27096 SACROILIAC JOINT ARTHROGRAPH
- **Procedure:**ULTRASOUND
- **Procedure:**THEURAPEUTIC PROCEDURE
- **Procedure:**THERAPEUTIC EXERCISE 1/1
- **Procedure:**ELECTRICAL STIMULATION
- **Procedure:**MYOFASCIAL RELEASE
- **Procedure:**HOT COLD PACKS
- **Procedure:**GAIT TRAINING

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration, Sacroiliac injection injection under fluoroscopic guidance is recommended in the near future. These injection are performed with xray guidance to direct potent medications to the precise joint as the source of the pain. The steroid reduces inflammation in the joint to relief pain. Possible benefits, side effects, complications and alternatives were discussed in detail. No contraindications are present. The goal of interventional pain management is to control pain to facilitate rehabilitation and improve function. This may aid in breaking the pain cycle of drug dependence and disuse. Patient was explained that these injections are done under fluoroscopic guidance to improve safety and efficacy. Furthermore these targeted source of pain treatment limit dosage and side effects of steroids used. Risks for the spinal interventional procedure recommended include but not limited to infection, bleeding, nerve injury, loss of limb function, loss of sensation and paralysis. It was explained to patient that all forms of spine interventions although rare involve some risks and no guarantee or promises can be made concerning the results of my procedure or treatment.

2. Low back pain

- **Procedure:**ULTRASOUND
- **Procedure:**THEURAPEUTIC PROCEDURE
- **Procedure:**THERAPEUTIC EXERCISE 1/1
- **Procedure:**ELECTRICAL STIMULATION
- **Procedure:**MYOFASCIAL RELEASE
- **Procedure:**HOT COLD PACKS
- **Procedure:**GAIT TRAINING

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration.

3. Pain in right knee

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration.

4. Opioid use, unspecified, uncomplicated

- **Lab:**Urine Drug Screen
- **Lab:**opiate contract

- **Lab:Pain Medication Questionnaire-PMQ**

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, The patient was explained the goals of short term narcotic management. The natural history of the present illness was therefore taken into consideration. The short term goal includes taper of narcotic dose by therapeutic interventions. Therapeutic interventions may include other adjunct non-narcotic pain medications, physical therapy, pain management interventions and or surgical corrective surgery as and if indicated. , Patient was explained that their narcotic use can be considered habitual. Although patient has a pain disease/condition other modes of treatment should be used such as physical therapy, non narcotic medications, interventional pain treatments and psychological approach. Chronic narcotic use should only be the last resort especially for chronic pain syndrome management. The patient was explained the potential of opioid dependence, tolerance, addiction and other potential risks of chronic habitual narcotic use. Patient was also explained that the potential of tolerance which can be the reason for increased use of narcotics not disease progression. Patient understands and still continues to insist that chronic narcotic treatment is helping function and quality of life., Possible side effects and risks of prescribed medications were explained. Use of narcotic medications and its related potential side effects such as constipation, drowsiness, sedation and drug dependence were outlined. No abuse, aberrant or adverse effects were noted. Patient was cautioned and advised to not participate in driving motor vehicles or operating machinery or use of alcohol and other drugs interfering with motor activities. Safeguarding of these controlled substances in the home and patients environment was explained to keep away from other family members and friends. Access of these medications should be guarded and is the responsibility of the patient including for possible theft., Opioid contract reviewed and copy provided to patient. The Opioid Contract documents the patient agreeing to take medications as prescribed, by only our Doctors and Associates, keep medications safe, not abuse or misuse, or use other illegal controlled substances, understands risks and side effects including physical dependence and withdrawal condition, overdosage risks, not driving or operating machinery and agree to submit urine specimen at any time to be tested for drugs., PMQ is conducted as part of our opioid assessment. It helps determine how much monitoring a patient on long term opioid may require. Questions may indicate individual relative risk for developing opioid dependence and further management recommendations. Research with PMQ indicates that higher PMQ scores correlate with higher levels of substance abuse, psychopathology and physical/life functioning problems amongst patients. , Urine drug screen ordered.

5. Myalgia

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, We recommend the above medication to be used for treatment of chronic pain in this patient. This adjuvant form of treatment can help in pain management with other multimodal treatment options. With its use in this patient we wish to avoid or limit long term use of narcotics. Use of this medication can help reduce symptoms related to neural excitability and wind up phenomena of the nervous system that may be existing in patients with chronic pain. This medicine can also help aiding with sleep disturbances associated with pain condition. Narcotics have been postulated to increase neural excitability in long term use and we wish to use it only as the last resort in management of chronic pain.

6. Bilateral primary osteoarthritis of hip

- **Procedure:ULTRASOUND**
- **Procedure:THERAPEUTIC PROCEDURE**
- **Procedure:THERAPEUTIC EXERCISE 1/1**
- **Procedure:ELECTRICAL STIMULATION**
- **Procedure:MYOFASCIAL RELEASE**
- **Procedure:HOT COLD PACKS**
- **Procedure:GAIT TRAINING**

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, A, A/AROM of hip was prescribed. PRE of hip muscles including gym program will

be progressed as tolerated. Use of modalities to control pain was prescribed. Gait and balance training in PT was prescribed with safety issues addressed. Frequency of 2-3x a week for 6 weeks duration.

Immunizations:

Procedure Codes:

- 99204 Office Visit, New Pt., Level 4

Follow Up: 2 Weeks procedure

Provider: Sireen Gopal, MD

Patient: GEE, ANTOINE D **DOB:** 03/20/1992 **Date:** 06/08/2017

A handwritten signature in black ink, appearing to read 'Sireen Gopal', is positioned above the electronic signature text.

Electronically signed by SIREEN GOPAL , MD on 06/26/2017 at 01:39 PM EDT

Sign off status: Completed



NEW YORK SPINE & SPORT
REHABILITATION MEDICINE PC

ADVANCED PAIN MANAGEMENT INTERVENTIONS

GEE, ANTOINE D

25 Y old Male, DOB: 03/20/1992

Account Number: 75517

526 WEST 146ST, APT 4C, NEW YORK, NY-10031

Home: 646-590-2378

Guarantor: GEE, ANTOINE D Insurance: MVP HEALTH

CARE Payer ID: SX089

PCP: JOHN MEGARR Referring: PLACENCIA MITZY

Appointment Facility: BronxBlvd/North-Bronx-NYSSRM

08/17/2017

PROGRESS NOTE: Geetha Ajay

Current Medications

Taking

- Gabapentin 400 MG Capsule 1 capsule Three times a day
- TraMADol HCl ER 200 MG Tablet Extended Release 24 Hour 1 tablet Once a day
- Percocet 10-325 MG Tablet 1 tablet as needed q 12 hrs, prn pain
- Oxycodone HCl 10 MG Tablet 1 tablet every 12 hours

Past Medical History

HIGH BLOOD PRESSURE

Surgical History

pelvic reconstruction
Knee Surgery
LEG SURGERY
Amputation of the left leg 1/2015

Allergies

morphine
Anesthesia
Aspirin

Review of Systems

Pain Management:

Bowel Problems No. Bladder Problems No. Fever No. Headaches No. Numbness No. Tingling No. Back pain No. Neck Pain No. Joint Pain No. no Insomnia. no Depression.

Reason for Appointment

1. F/U

History of Present Illness

Pain management:

The patient complains of pain in the mid back, lower back radiating into the bilateral hip down the thigh. Patient has tightness in his right ankle. The pain is described as sharp, stabbing, dull, aching, burning, cramping, pressure. The timing of the pain is constant. The pain is worse in the lower back. The severity of the pain is 7.5/10 with medications on a visual analog scale with 10 being the most unbearable pain ever felt. The pain began 01/17/17-after a motor vehicle accident causing sciatic nerve damage, patient stated that went down to surgery around 17 times. Treatments have included physical therapy, local injections without relief. The pain is improved by with activity. The pain is aggravated by prolonged sitting. The pain is associated with swelling at the base of the stump. patient's would like to return to normal painfree daily activities. patients ability to function is limited in regards to do ADLS. Patient has not been able to do much because he has not had his medication. Compared to last visit the pain is unchanged in the back (axial pain) area overall since initial visit.

Examination

General examination:

General appearance: Alert and Oriented x
3. Mood: Normal. Gait: Normal. Coordination: Test for balance and neuro-functional strength testing reveal with normal responses. Pulse: Palpable Pulses. Edema: None. RI No lesions. Temperature: afebrile.

Lower back:

Inspection: no visible or palpable masses, significant muscle spasm. Palpation: No palpable deformity is present, tenderness with muscle spasms, at the bilateral lumbar midline area, R>L. Lumbar spine ROM limited ROM within all planes of activity. Cervical pain and stiffness reproduction was tested with mov however, none was present. Straight leg raising: negative bilaterally. Stability: Patricks test and Gaenslens test are negative bilaterally. Motor system: Bilateral upper and lower extremities reveals normal strength bilaterally. Sensory exam: Normal spine, bilateral UE & LE. Deep

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Geetha Ajay 08/17/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Tendon Reflexes: Bilaterally symmetrical 1+ in UEs & LEs, Babinski negative.

Hip / Thigh:

Hip joint: right, Inspection: no effusion, ecchymosis or deformities. Palpation: tenderness on trochanteric bursa right. Range of motion: Right: Patricks test is negative and restricted rotation and abduction.

Assessments

1. Other spondylosis with radiculopathy, lumbar region - M47.26 (Primary)
2. Low back pain - M54.5
3. Sacroiliitis, not elsewhere classified - M46.1
4. Pain in right knee - M25.561
5. Opioid use, unspecified, uncomplicated - F11.90
6. Myalgia - M79.1
7. Bilateral primary osteoarthritis of hip - M16.0
8. Phantom limb syndrome with pain - G54.6
9. Pain in right ankle and joints of right foot - M25.571

Treatment

1. Other spondylosis with radiculopathy, lumbar region

Stop OxyContin Tablet ER 12 Hour Abuse-Deterrent, 15 MG, 1 tablet, Orally, every 12 hrs, 30 days, 60

Stop Oxycodone HCl Tablet, 10 MG, 1 tablet, Orally, every 12 hours, 30 days, 60

Refill Percocet Tablet, 10-325 MG, 1 tablet as needed, Orally, q 12 hrs, prn pain, 14 days, 28, Refills 0

Refill TraMADol HCl ER Tablet Extended Release 24 Hour, 200 MG, 1 tablet, Orally, Once a day, 14 days, 14 Tablet, Refills 0

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration Patient will be undergoing PT at outside facility.

2. Opioid use, unspecified, uncomplicated

LAB: Urine Drug Screen

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration The patient was explained the goals of short term narcotic management. The natural history of the present illness was therefore taken into consideration. The short term goal includes taper of narcotic dose by therapeutic interventions. Therapeutic interventions may include other adjunct non-narcotic pain medications, physical therapy, pain management interventions and or surgical corrective surgery as and if indicated. Patient was explained that their narcotic use can be considered habitual. Although patient has a pain disease/condition other modes of treatment should be used such as physical therapy, non narcotic medications, interventional pain treatments and psychological approach. Chronic narcotic use should only be the last resort especially for chronic pain syndrome management. The patient was explained the

potential of opioid dependence, tolerance, addiction and other potential risks of chronic habitual narcotic use. Patient was also explained that the potential of tolerance which can be the reason for increased use of narcotics not disease progression. Patient understands and still continues to insist that chronic narcotic treatment is helping function and quality of life. Urine drug screen ordered.

Follow Up

2 Weeks with Dr. Jaafar

Electronically signed by Geetha Ajay , NP on 10/20/2017 at 08:56 AM EDT

Sign off status: Pending

BronxBld/North-Bronx-NYSSRM
4256 BRONX BLVD
BRONX, NY 10466-2672
Tel: 718-794-0600
Fax: 718-794-9899

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Geetha Ajay 08/17/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



NEW YORK SPINE & SPORT
REHABILITATION MEDICINE PC,
ADVANCED PAIN MANAGEMENT INTERVENTIONS

GEE, ANTOINE D

25 Y old Male, DOB: 03/20/1992

Account Number: 75517

526 WEST 146ST, APT 4C, NEW YORK, NY-10031

Home: 646-590-2378

Guarantor: GEE, ANTOINE D Insurance: MVP HEALTH

CARE Payer ID: SX089

PCP: JOHN MEGARR Referring: PLACENCIA MITZY

Appointment Facility: NYSSRM6-NYSSRM-MidtownManhattan

08/04/2017

PROGRESS NOTE: Sireen Gopal, MD

Current Medications

Taking

- OxyContin 20 MG Tablet Extended Release 12 Hour
- Oxycodone HCl 10 MG Tablet
- Medication List reviewed and reconciled with the patient

Past Medical History

HIGH BLOOD PRESSURE

Surgical History

pelvic reconstruction
Knee Surgery
LEG SURGERY
Amputation of the left leg

Family History

No Family History documented.

Social History

Handedness: Right.
Marital status: Single.
Alcohol: yes, Moderate.
Smoking: yes, I previously smoked.

Allergies

morphine
Anesthesia
Aspirin

Review of Systems

Multisystem Review:

Constitutional Negative. Opioid management denies abuse of medication, denies medication side effects. Cardiology Negative. Respiratory Negative. Gastroenterology Negative. Genitourinary Negative. Neurology Negative. Psychiatric Negative. Endocrinology Negative. HEENT Negative. Hematology / Oncology denies bleeding disorder.

Other:

no Anemia. no Bleeding tendencies.

Reason for Appointment

1. follow up

History of Present Illness

Pain management:

The patient complains of increased pain in the mid back down the lower back radiating into the bilateral hip down the thigh. Patient has tightness in his right ankle. Patient complains of increased neuropathic pain and would like to try gabapentin again. Patient also having a tightness and discomfort in the pelvic area. The pain is described as sharp, stabbing, dull, aching, burning, cramping, pressure. The timing of the pain is constant. The pain is worse in the lower back. The severity of the pain is 10/10 with medications on a visual analog scale with 10 being the most unbearable pain ever felt. The pain began 01/17/17-after a motor vehicle accident causing sciatic nerve damage, patient stated that went down to surgery around 17 times. Treatments have included physical therapy, local injections without relief. The pain is improved by with activity. The pain is aggravated by prolonged sitting. The pain is associated with swelling at the base of the stump. patient's would like to return to normal painfree daily activities. patient's ability to function is limited in regards to do ADLs. Patient has not been able to do much because he has not had his medication. Compared to last visit the pain is 3 times as bad as it was before due to not having his meds and also the elevator in his building is not working so he has had to walk up the stairs.

Examination

General examination:

General appearance: Alert and Oriented x
3. Mood: Normal. Gait: Normal. Coordination: Test for balance and neuro-functional strength testing reveal with normal responses. Cardiovascular Regular rate and rhythm. Pulse: Palpable. Pulses. Edema: None. RI No lesions. Temperature: afebrile.

Lower back:

Inspection: no visible or palpable masses, significant muscle spasm. Palpation: No palpable deformity is present, tenderness with muscle spasms, at the lumbar midline area. Lumbar spine ROM limited ROM within all planes of activity. Cervical pain and stiffness reproduction was tested with mov however, none was present. Straight leg raising: negative bilaterally. Stability: Patricks test and Gaenslens

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Sireen Gopal, MD 08/04/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

no Cancer. no Chemotherapy. no Urinary Tract Infection. no Immunosuppressed. no Pregnancy. no Recent steroid use. no Transfusion history. no Sickle Cell.

Pain Management:

Bowel Problems No. Bladder Problems No. Fever No. Headaches No. Numbness No. Tingling No. Back pain No. Neck Pain No. Joint Pain No. no Insomnia. no Depression.

Pain Management:

Bowel and Bladder Problems No.

Constitutional Symptoms:

recent weight change yes. no fever. no fatigue.

Dermatology:

Patient denies rash.

Ophthalmology:

no Blurring of vision. no Burning. no Dander related eye symptoms. no Diminished vision. no Drainage from eyes. no Dry eyes. no Eye irritation. no Eye pain. no Glaucoma. no Photophobia. no Red eyes. no Seasonal eye sx. no Vision loss.

Cardiology:

no Heart trouble. no Chest Pain/Angina. no shortness of breath. no Swelling of feet/Ankles/Hand.

Respiratory:

Chronic or Frequent Cough No.

Shortness of Breath No. no Asthma.

Gastroenterology:

no Loss of Appetite. no change in bowel habits. no Nausea/Vomiting. Constipation yes. no Abdominal pain. no Heartburn. no Peptic Ulcer.

Respiratory 2:

Asthma No. Bronchitis No. COPD Yes. Dyspnea No. Orthopnea Yes. Pneumonia Yes. Recent URI yes. no Chest congestion. no Chest pain. no Cough. no Excessive sputum. no Shortness of breath. no Wheezing.

Urology:

no frequent urination. no Burning or painful urination. no Blood in urine. no difficulty starting/stopping. no Urinary incontinence. no Sexual difficulty.

Musculoskeletal:

Joint pain yes. Joint stiffness yes. Joint swelling yes. weakness of muscles or joints yes. Muscle Pain yes. Back pain yes. Neck Pain yes. Difficulty in walking yes.

Neurology:

no Headache. no Light headed or dizzy. no Convulsions or Seizures. Tingling/numbness yes. no Tremor. no Paralysis. no Head injury.

Female reproductive:

no Abnormal vaginal discharge. no Breast pain. no Contraception. no Dysmenorrhea. no Dyspareunia. no Frequent yeast infections. no Heavy periods. no Hot flashes. no Infertility. no Menstrual period. no Nipple discharge. no Pelvic pain. no Post-menopausal.

test are negative bilaterally. Motor system: Bilateral upper and lower extremities reveals normal strength bilaterally. Sensory exam: Normal spine, bilateral UE & LE. Deep Tendon Reflexes: Bilaterally symmetrical 1+ in UEs & LEs, Babinski negative.

Hip / Thigh:

Hip joint: right. Inspection: no effusion, ecchymosis or deformities. Palpation: tenderness on trochanteric bursa right. Range of motion: Right: Patricks test is negative and restricted rotation and abduction.

Assessments

1. Other spondylosis with radiculopathy, lumbar region - M47.26 (Primary)
2. Low back pain - M54.5
3. Sacroiliitis, not elsewhere classified - M46.1
4. Pain in right knee - M25.561
5. Opioid use, unspecified, uncomplicated - F11.90
6. Myalgia - M79.1
7. Bilateral primary osteoarthritis of hip - M16.0
8. Phantom limb syndrome with pain - G54.6

Treatment

1. Other spondylosis with radiculopathy, lumbar region

Refill OxyContin Tablet ER 12 Hour Abuse-Deterrent, 15 MG, 1 tablet, Orally, every 12 hrs, 30 days, 60 Tablet
Refill Oxycodone HCl Tablet, 10 MG, 1 tablet, Orally, every 12 hours, 30 days, 30

PROCEDURE: ULTRASOUND

PROCEDURE: THERAPEUTIC PROCEDURE

PROCEDURE: THERAPEUTIC EXERCISE 1/1

PROCEDURE: ELECTRICAL STIMULATION

PROCEDURE: MYOFASCIAL RELEASE

PROCEDURE: HOT COLD PACKS

PROCEDURE: GAIT TRAINING

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration.

2. Sacroiliitis, not elsewhere classified

PROCEDURE: 77003 FLOUROSCOPY

PROCEDURE: 27096 SACROILIAC JOINT ARTHROGRAPH

Notes: Patient Educated with: Anesthesia Instructions-Pain Intervention04252017144434.pdf (Anesthesia Instructions-Pain Intervention04252017144434.pdf) Patient Educated with: SACRO-ILIAC JOINT INJECTION04272017092345.pdf (SACRO-ILIAC JOINT INJECTION04272017092345.pdf), Natural history of the above condition was explained in detail with various treatment options in consideration, Sacroiliac injection under fluoroscopic guidance is recommended in the near future. These injection are performed with xray guidance to direct potent medications to the

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Sireen Gopal, MD 08/04/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Tendon Reflexes: Bilaterally symmetrical 1+ in UEs & LEs, Babinski negative.

Hip / Thigh:

Hip joint: right. Inspection: no effusion, ecchymosis or deformities. Palpation: tenderness on trochanteric bursa right. Range of motion: Right: Patricks test is negative and restricted rotation and abduction.

Assessments

1. Other spondylosis with radiculopathy, lumbar region - M47.26 (Primary)
2. Low back pain - M54.5
3. Sacroiliitis, not elsewhere classified - M46.1
4. Pain in right knee - M25.561
5. Opioid use, unspecified, uncomplicated - F11.90
6. Myalgia - M79.1
7. Bilateral primary osteoarthritis of hip - M16.0
8. Phantom limb syndrome with pain - G54.6
9. Pain in right ankle and joints of right foot - M25.571

Treatment

1. Other spondylosis with radiculopathy, lumbar region

Stop OxyContin Tablet ER 12 Hour Abuse-Deterrent, 15 MG, 1 tablet, Orally, every 12 hrs, 30 days, 60

Stop Oxycodone HCl Tablet, 10 MG, 1 tablet, Orally, every 12 hours, 30 days, 60

Refill Percocet Tablet, 10-325 MG, 1 tablet as needed, Orally, q 12 hrs, prn pain, 14 days, 28, Refills 0

Refill TraMADol HCl ER Tablet Extended Release 24 Hour, 200 MG, 1 tablet, Orally, Once a day, 14 days, 14 Tablet, Refills 0

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration Patient will be undergoing PT at outside facility.

2. Opioid use, unspecified, uncomplicated

LAB: Urine Drug Screen

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration The patient was explained the goals of short term narcotic management. The natural history of the present illness was therefore taken into consideration. The short term goal includes taper of narcotic dose by therapeutic interventions. Therapeutic interventions may include other adjunct non-narcotic pain medications, physical therapy, pain management interventions and or surgical corrective surgery as and if indicated. Patient was explained that their narcotic use can be considered habitual. Although patient has a pain disease/condition other modes of treatment should be used such as physical therapy, non narcotic medications, interventional pain treatments and psychological approach. Chronic narcotic use should only be the last resort especially for chronic pain syndrome management. The patient was explained the

potential of opioid dependence, tolerance, addiction and other potential risks of chronic habitual narcotic use. Patient was also explained that the potential of tolerance which can be the reason for increased use of narcotics not disease progression. Patient understands and still continues to insist that chronic narcotic treatment is helping function and quality of life. Urine drug screen ordered.

Follow Up

2 Weeks with Dr. Jaafar

Electronically signed by Geetha Ajay , NP on 11/17/2017 at 03:12 PM EST

Sign off status: Pending

**BronxBld/North-Bronx-NYSSRM
4256 BRONX BLVD
BRONX, NY 10466-2672
Tel: 718-794-0600
Fax: 718-794-9899**

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Geetha Ajay 08/17/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

no Pregnancies. no Sexually active.

Psychology:

no Memory loss or confusion.

no Nervousness. no Insomnia.

no Depression. no Suicidal ideation.

Endocrinology:

no Glandular or Hormone problem. no

Thyroid Disease. no Thyroid disease.

no Excessive thirst. no Excessive urination.

no Cold intolerance. no Heat intolerance.

Hematology:

Patient denies abnormal bleeding.

Male reproductive:

no Contraception. no Difficulty

urinating. no Difficulty with erection.

no Diminished sexual drive. no Impotence.

no Penile discharge.

Allergy:

no drug allergies.

HEENT:

no blurred vision. no Dry mouth.

no Headache.

Opioid Management:

Patient denies medication abuse,
medication side effects, alcohol use.

precise joint as the source of the pain. The steroid reduces inflammation in the joint to relief pain. Possible benefits, side effects, complications and alternatives were discussed in detail. No contraindications are present. The goal of interventional pain management is to control pain to facilitate rehabilitation and improve function. This may aid in breaking the pain cycle of drug dependence and disuse. Patient was explained that these injections are done under fluoroscopic guidance to improve safety and efficacy. Furthermore these targeted source of pain treatment limit dosage and side effects of steroids used. Risks for the spinal interventional procedure recommended include but not limited to infection, bleeding, nerve injury, loss of limb function, loss of sensation and paralysis. It was explained to patient that all forms of spine interventions although rare involve some risks and no guarantee or promises can be made concerning the results of my procedure or treatment.

Follow Up

4 Weeks

Electronically signed by SIREEN GOPAL, MD on 10/20/2017
at 08:56 AM EDT

Sign off status: Pending

NYSSRM6-NYSSRM-MidtownManhattan
800 2ND AVE
NEW YORK, NY 10017-4709
Tel: 212-991-9991
Fax: 212-991-9901

Patient: GEE, ANTOINE D DOB: 03/20/1992 Progress Note: Sireen Gopal, MD 08/04/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PROGRESS NOTE**Patient:** GEE, ANTOINE D**Account Number:** 75517**DOB:** 03/20/1992 **Age:** 25 Y **Sex:** Male**Phone:** 914-987-8541**Address:** 526 WEST 146ST , APT 4C, NEW YORK, NY-10031**Pcp:** JOHN MEGARR**Provider:** Sireen Gopal, MD**Date:** 06/08/2017**Subjective:****Chief Complaints:**

- MID BACK PAIN

HPI:Pain management:

The patient complains of pain in the mid back down the lower back radiating into the bilateral hip down the thigh associated with tingling. The pain is described as sharp, stabbing, dull, aching, burning, cramping, pressure. The timing of the pain is constant. The pain is worse in the lower back. The severity of the pain is 10/10 with medications on a visual analog scale with 10 being the most unbearable pain ever felt. The pain began 01/17/17-after a motor vehicle accident causing sciatic nerve damage, patient stated that went down to surgery around 17 times. Treatments have included physical therapy, local injections without relief. The pain is improved by with activity. The pain is aggravated by prolonged sitting. patient's would like to return to normal painfree daily activities, patients ability to function is limited in regards to do ADLS.

ROS:Multisystem Review:

- Constitutional Negative.
- Opioid management denies abuse of medication, denies medication side effects.
- Cardiology Negative.
- Respiratory Negative.
- Gastroenterology Negative.
- Genitourinary Negative.
- Neurology Negative.
- Psychiatric Negative.
- Endocrinology Negative.
- HEENT Negative.
- Hematology / Oncology denies bleeding disorder.

Other:

- no Anemia.
- no Bleeding tendencies.
- no Cancer.
- no Chemotherapy.
- no Urinary Tract Infection.
- no Immunosuppressed.
- no Pregnancy.
- no Recent steroid use.
- no Transfusion history.
- no Sickle Cell.

Pain Management:

- Bowel Problems No.
- Bladder Problems No.

- Fever No.
- Headaches No.
- Numbness No.
- Tingling No.
- Back pain No.
- Neck Pain No.
- Joint Pain No.
- no Insomina.
- no Depression.

Pain Management:

- Bowel and Bladder Problems No.

Constitutional Symptoms:

- recent weight change yes.
- no fever.
- no fatigue.

Cardiology:

- no Heart trouble.
- no Chest Pain/Angina.
- no shortness of breath.
- no Swelling of feet/Ankles/Hand.

Dermatology:

- Patient denies rash.

Ophthalmology:

- no Blurring of vision.
- no Burning.
- no Dander related eye symptoms.
- no Diminished vision.
- no Drainage from eyes.
- no Dry eyes.
- no Eye irritation.
- no Eye pain.
- no Glaucoma.
- no Photophobia.
- no Red eyes.
- no Seasonal eye sx.
- no Vision loss.

Respiratory:

- Chronic or Frequent Cough No.
- Shortness of Breath No.
- no Asthma.

Gastroenterology:

- no Loss of Appetite.
- no change in bowel habits.
- no Nausea/Vomiting.
- Constipation yes.
- no Abdominal pain.
- no Heartburn.
- no Poptic Ulcer.

Urology:

- no frequent urination.
- no Burning or painful urination.

- no Blood in urine.
- no difficulty starting/stopping.
- no Urinary incontinence.
- no Sexual difficulty.

Respiratory 2:

- Asthma No.
- Bronchitis No.
- COPD Yes.
- Dyspnea No.
- Orthopnea Yes.
- Pneumonia Yes.
- Recent URI yes.
- no Chest congestion.
- no Chest pain.
- no Cough.
- no Excessive sputum.
- no Shortness of breath.
- no Wheezing.

Musculoskeletal:

- Joint pain yes.
- Joint stiffness yes.
- Joint swelling yes.
- weakness of muscles or joints yes.
- Muscle Pain yes.
- Back pain yes.
- Neck Pain yes.
- Difficulty in walking yes.

Neurology:

- no Headache.
- no Light headed or dizzy.
- no Convulsions or Seizures.
- Tingling/numbness yes.
- no Tremor.
- no Paralysis.
- no Head injury.

Female reproductive:

- no Abnormal vaginal discharge.
- no Breast pain.
- no Contraception.
- no Dysmenorrhea.
- no Dyspareunia.
- no Frequent yeast infections.
- no Heavy periods.
- no Hot flashes.
- no Infertility.
- no Menstrual period.
- no Nipple discharge.
- no Pelvic pain.
- no Post-menopausal.
- no Pregnancies.
- no Sexually active.

Psychology:

- no Memory loss or confusion.
- no Nervousness.
- no Insomnia.
- no Depression.
- no Suicidal ideation.

Hematology:

- Patient denies abnormal bleeding.

Male reproductive:

- no Contraception.
- no Difficulty urinating.
- no Difficulty with erection.
- no Diminished sexual drive.
- no Impotence.
- no Penile discharge.

Endocrinology:

- no Glandular or Hormone problem.
- no Thyroid Disease.
- no Thyroid disease.
- no Excessive thirst.
- no Excessive urination.
- no Cold intolerance.
- no Heat intolerance.

Allergy:

- no drug allergies.

HEENT:

- no blurred vision.
- no Dry mouth.
- no Headache.

Opioid Management:

- Patient denies medication abuse, medication side effects, alcohol use.

Medical History:

- HIGH BLOOD PRESSURE

Surgical History:

- pelvic reconstruction
- Knee Surgery
- LEG SURGERY
- Amputation of the left leg

Family History:

Non-Contributory

Social History:

Handedness: Right.

Marital status: Single.

Alcohol: yes, Moderate.

Smoking: yes, I previously smoked.

Medications:**Taking**

- OxyContin 20 MG Tablet Extended Release 12 Hour

- Oxycodone HCl 10 MG Tablet
- Medication List reviewed and reconciled with the patient

Allergies:

- morphine
- Anesthesia
- Aspirin

Objective:

Vitals: BMI 22.24, Wt 164, Ht 6'0".

Examination:General examination:

- General appearance: Alert and Oriented x 3.
- Mood: Normal.
- Gait: Normal.
- Coordination: Test for balance and neuro-functional strength testing reveal with normal responses.
- Cardiovascular Regular rate and rhythm.
- Pulse: Palpable Pulses.
- Edema: None.
- RI No lesions.
- Temperature: afebrile.

Lower back:

- Inspection: no visible or palpable masses, significant muscle spasm.
- Palpation: No palpable deformity is present, tenderness with muscle spasms, at the lumbar midline area.
- Lumbar spine ROM limited ROM within all planes of activity.
- Cervical pain and stiffness reproduction was tested with mov however, none was present.
- Straight leg raising: negative bilaterally.
- Stability: Patricks test and Gaenslens test are negative bilaterally.
- Motor system: Bilateral upper and lower extremities reveals normal strength bilaterally.
- Sensory exam: Normal spine, bilateral UE & LE.
- Deep Tendon Reflexes: Bilaterally symmetrical 1+ in UEs & LEs, Babinski negative.

Hip / Thigh:

- Hip joint: right.
- Inspection: no effusion, ecchymosis or deformities.
- Palpation: tenderness on trochanteric bursa right.
- Range of motion: Right: Patricks test is negative and restricted rotation and abduction.

Therapeutic Interventions:**Assessment:****Assessment:**

- Other spondylosis with radiculopathy, lumbar region - M47.26 (Primary)
- Low back pain - M54.5
- Sacroiliitis, not elsewhere classified - M46.1
- Pain in right knee - M25.561
- Opioid use, unspecified, uncomplicated - F11.90
- Myalgia - M79.1
- Bilateral primary osteoarthritis of hip - M16.0

Plan:

1. Other spondylosis with radiculopathy, lumbar region

Refill OxyContin Tablet Extended Release 12 Hour, 20 MG, 1 tab(s), Orally, every 12 hrs, 30 day(s), 60 Tablet ;

Stop Oxycodone HCl Tablet, 10 MG, Orally ;

Start Oxycodone-Acetaminophen Tablet, 10-325 MG, 1 tablet as needed, Orally, q 12 hrs, prn pain, 30 day(s), 60 ;

Start Lyrica Capsule, 75 MG, 1 capsule, Orally, tid, 30 day(s), 90 Capsule, Refills 1 .

- Procedure:77003 FLOUROSCOPY
- Procedure:27096 SACROILIAC JOINT ARTHROGRAPH
- Procedure:ULTRASOUND
- Procedure:THEURAPEUTIC PROCEDURE
- Procedure:THERAPEUTIC EXERCISE 1/1
- Procedure:ELECTRICAL STIMULATION
- Procedure:MYOFASCIAL RELEASE
- Procedure:HOT COLD PACKS
- Procedure:GAIT TRAINING

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration, Sacroiliac injection injection under fluoroscopic guidance is recommended in the near future. These injection are performed with xray guidance to direct potent medications to the precise joint as the source of the pain. The steroid reduces inflammation in the joint to relief pain. Possible benefits, side effects, complications and alternatives were discussed in detail. No contraindications are present. The goal of interventional pain management is to control pain to facilitate rehabilitation and improve function. This may aid in breaking the pain cycle of drug dependence and disuse. Patient was explained that these injections are done under fluoroscopic guidance to improve safety and efficacy. Furthermore these targeted source of pain treatment limit dosage and side effects of steroids used. Risks for the spinal interventional procedure recommended include but not limited to infection, bleeding, nerve injury, loss of limb function, loss of sensation and paralysis. It was explained to patient that all forms of spine interventions although rare involve some risks and no guarantee or promises can be made concerning the results of my procedure or treatment.

2. Low back pain

- Procedure:ULTRASOUND
- Procedure:THEURAPEUTIC PROCEDURE
- Procedure:THERAPEUTIC EXERCISE 1/1
- Procedure:ELECTRICAL STIMULATION
- Procedure:MYOFASCIAL RELEASE
- Procedure:HOT COLD PACKS
- Procedure:GAIT TRAINING



Notes: Natural history of the above condition was explained in detail with various treatment options in consideration, Spine stabilization program including a progression from emphasis on pain reduction to stabilization to gym program is prescribed. Soft tissue flexibility, joint mobility, abdominal program, posture, body mechanics, ergonomics if needed and modalities for pain is prescribed. Frequency 2 -3 x a week for 6 weeks duration.

3. Pain in right knee

Notes: Natural history of the above condition was explained in detail with various treatment options in consideration.

4. Opioid use, unspecified, uncomplicated

- Lab:Urine Drug Screen
- Lab:opiate contract

| | | |
|---|---|---|
|  | CORRECTION DEPARTMENT CITY OF NEW YORK |  |
| INMATE REASONABLE ACCOMMODATION REQUEST (IRAR) | | Form: 3862A Eff. : 11/20/18 Ref. : Dir. #3802R-A |
| <p>I request reasonable accommodation due to my impairment. I understand that this is only a request, which will begin the inquiry into whether or not I am entitled to receive a reasonable accommodation. I also understand that my housing will not be immediately affected while my request is under consideration. I will be within my rights to file a grievance through the Inmate Grievance Program should I not agree with the determination made regarding this request for reasonable accommodation.</p> <p>Note: Appropriate Department of Correction staff may assist an inmate in completing this form.</p> | | |
| Inmate's Last Name: <u>Gee</u> | Inmate's First Name: <u>Antoine</u> | Date: <u>3/26/19</u> |
| NYSID #: <u>01041691m</u> | Book & Case #: <u>3491901703</u> | Facility/Housing: <u>DOC 45</u> |
| <p>I am/have <u>trouble walking</u> <small>(State Impairment)</small></p> <p>I am unable to <u>walk</u> <small>(Describe Limitation or Disability)</small></p> | | |
| <p>Accommodation Requested:</p> <p><u>Supportive Foot wear, Charger and</u> <u>device that enables prosthetic leg to bend, transfer</u> <u>to NIC.</u></p> | | |
| <p>A request for an accommodation may be denied if the Department of Correction (DOC) cannot adequately evaluate the request without being provided limited medical information relevant to the accommodation you may be seeking. Your medical information is private and cannot be revealed to DOC without your permission. Do you wish to provide a waiver that allows DOC to obtain medical information from Prison Health Services or any other medical personnel, private physician or clinic, for the limited purpose of evaluating your accommodation request? You may revoke you waiver at any time by providing DOC written notice of the revocation.</p> <p><input type="checkbox"/> I do wish to give DOC access to my medical information for the limited purpose of having DOC evaluate my request for an accommodation.</p> | | |
| <p>Inmate's Signature: <u>x Gee, Antoine</u> Date: <u>5-1-19</u></p> | | |
| <p><input type="checkbox"/> I do not wish to allow DOC access to my medical records to evaluate my accommodation request. I understand that if DOC determines that my request cannot be properly evaluated without access to my medical information, my request for an accommodation may be denied for this reason.</p> | | |
| <p>Inmate's Signature: _____ Date: _____</p> | | |
| Staff Accepting/Assisting with Completion of this Application | | |
| Staff Name (Print) | Rank/Title | Shield/ID # |
| Staff Signature | | |
| Counseling Services Unit must forward this form to both the D.R.I.C. and facility Deputy Warden for Programs for a determination. | | |
| Copies to: Inmate; Inmate's file; Counseling Services Unit; Deputy Warden for Programs; Disability Rights Coordinator for Inmates | | |



ATTACHMENT - I

NYCHHC HIPAA Authorization to Disclose Health Information

ALL FIELDS MUST BE COMPLETED

THIS FORM MAY NOT BE USED FOR RESEARCH OR MARKETING, FUNDRAISING OR PUBLIC RELATIONS AUTHORIZATIONS

| | | | |
|--|--|--|------------------|
| PATIENT NAME/ADDRESS Gee, Antone | | DATE OF BIRTH 3/20/92 | PATIENT SSN |
| | | MEDICAL RECORD NUMBER | TELEPHONE NUMBER |
| NAME OF HEALTH PROVIDER TO RELEASE INFORMATION NYC H+H | | SPECIFIC INFORMATION TO BE RELEASED: Information Requested Medical Treatment Dates from _____ to _____ | |
| NAME & ADDRESS OF PERSON OR ENTITY TO WHOM INFO. WILL BE SENT NYC DOC | | INFORMATION TO BE RELEASED (If the box is checked, you are authorizing the release of that type of information). Please note: unless all of the boxes are checked, we may be unable to process your request. <input type="checkbox"/> Alcohol and/or Substance Abuse Program Information <input type="checkbox"/> Genetic Testing Information <input type="checkbox"/> Mental Health Information <input type="checkbox"/> HIV/AIDS-related Information | |
| REASON FOR RELEASE OF INFORMATION <input type="checkbox"/> Legal Matter <input checked="" type="checkbox"/> Individual's Request <input type="checkbox"/> Other (please specify): _____ | | WHEN WILL THIS AUTHORIZATION EXPIRE? (Please check one) <input type="checkbox"/> Event: _____ <input checked="" type="checkbox"/> On this date: _____ | |

I, or my authorized representative, authorize the use or disclosure of my medical and/or billing information as I have described on this form.

I understand that my medical and/or billing information could be re-disclosed and no longer protected by federal health information privacy regulations if the recipient(s) described on this form are not required by law to protect the privacy of the information.

I understand that if my medical and/or billing records contain information relating to **ALCOHOL or SUBSTANCE ABUSE, GENETIC TESTING, MENTAL HEALTH, and/or CONFIDENTIAL HIV/AIDS RELATED INFORMATION**, this information will not be released to the person(s) I have indicated unless I check the box(es) for this information on this form.

I understand that if I am authorizing the use or disclosure of HIV/AIDS-related information, the recipient(s) is prohibited from using or re-disclosing any HIV/AIDS-related information without my authorization, unless permitted to do so under federal or state law. I also understand that I have a right to request a list of people who may receive or use my HIV/AIDS-related information without authorization. If I experience discrimination because of the use or disclosure of HIV/AIDS-related information, I may contact the New York State Division of Human Rights at 212.480.2493 or the New York City Commission of Human Rights at 212.306.7450. These agencies are responsible for protecting my rights.

I understand that I have a right to refuse to sign this authorization and that my health care, the payment for my health care, and my health care benefits will not be affected if I do not sign this form. I also understand that if I refuse to sign this authorization, NYCHHC cannot honor my request to disclose my medical and/or billing information.

I understand that I have a right to request to inspect and/or receive a copy of the information described on this authorization form by completing a Request for Access Form. I also understand that I have a right to receive a copy of this form after I have signed it.

I understand that if I have signed this authorization form to use or disclose my medical and/or billing information, I have the right to revoke it at any time, except to the extent that NYCHHC has already taken action based on my authorization or that the authorization was obtained as a condition for obtaining insurance coverage.

To revoke this authorization, please contact the facility Health Information Management department processing this request.

I have read this form and all of my questions have been answered. By signing below, I acknowledge that I have read and accept all of the above.

| | |
|---|--|
| SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE X | IF NOT PATIENT, PRINT NAME & CONTACT INFORMATION OF PERSONAL REPRESENTATIVE SIGNING FORM |
| DATE | DESCRIPTION OF PERSONAL REPRESENTATIVE'S AUTHORITY TO ACT ON BEHALF OF PATIENT |

If HHC has requested this authorization, the patient or his/her Personal Representative must be provided a copy of this form after it has been signed.

| | |
|-----------------|--|
| HHC USE ONLY | |
| Date Received: | Initials of HIM employee processing request: |
| Date Completed: | Comments: |



**CORRECTION DEPARTMENT
CITY OF NEW YORK**



**ACKNOWLEDGEMENT OF REQUEST FOR
REASONABLE ACCOMMODATION**

Form: 3802B
Eff.: 11/30/18
Ref.: Dir. # 3802R-A

Inmate's Last Name:

Gee

Inmates First Name:

Antoine

Date:

3/26/19

NYSID #

01041091M

Book & Case #

349190703

Facility:

MDC

Housing Area:

45

Note: Appropriate Department of Correction staff may assist an inmate in completing this form.

Below section to be completed by the Disability Rights Coordinator for Inmates (DRCI) form.

Below section to be completed by the Disability Rights Coordinator for Inmates (DRCI) or Deputy Warden for Programs

Acknowledgement:

Please be advised that the Disability Rights Coordinator for inmates has received

your "Request for an Accommodation".

The request is being reviewed and you will be informed of a determination

as soon as possible.

Signature of DRCI or Deputy Warden of Programs

3/26/19

Date

Copies to: Inmate; Inmate's file; Counseling Services Unit; Deputy Warden for Programs; Disability Rights Coordinator for Inmates



**CORRECTION DEPARTMENT
CITY OF NEW YORK**



**DETERMINATION OF REQUEST
FOR REASONABLE ACCOMMODATION**

Form: 3802C
Eff. : 11/30/18
Ref. : Dir. #3802R-A

Inmate's Last Name: Gre Inmate's First Name: Antoine Date: 3-26-19

NYSID #: _____ Book & Case #: 3491901703 Facility: MDC Housing Area: 4 South

If Form A is not complete, the inmate must complete the information below:

Information to be added to Form A:

Inmate's Signature: _____ Date: _____

Disability Rights Coordinator for Inmates Determination (DRCI)

☐ Approved

☐ Denied

☐ Modified

Initials

Date

Specific accommodation provided:

Explanation of modification or denial (if applicable):

Explanation of delay, if any:

DRCI's Signature: _____ Date: _____

Inmate's Signature: _____ Date: _____

Served to inmate by:

| Staff Name (Print) | Rank/Title | Shield/ID # | Staff Signature | Date |
|--------------------|------------|-------------|-----------------|------|
|--------------------|------------|-------------|-----------------|------|

Copies to: Inmate; Inmate's file; Counseling Services Unit; Deputy Warden for Programs; Disability Rights Coordinator for Inmates



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

DISPOSITION FORM

 Form.: 7102R
 Eff.: 9/14/18
 Ref.: Dir. 3376R-A

 Grievance Reference #:
 N-132/19 #203190

 Date Filed:
 4/1/19

 Facility:
 NIC- Annex D3

 Inmate Name:
 Gee, Antoine

 Book and Case#:
 3491901703

 Category:
 14

From OCGS Inmate Statement Form, print or type short description of grievance:

Grievant states: Around 4:15 am

I went to the bubble where Officer Boome was located I observed her in which looked like she may have been asleep. I gently knocked on the window to ask for immediate medical attention where I was told I have to wait for medical personal to asses my chart and then I'll be seen I am in grave pain and suffering prior to speaking with Officer Boon at 3:56 am I told Officer Wood to which he also informed Boon and documented my complaint.

Action Requested by Inmate: Immediate medical accomotion for my pain and suffering/ have my resonable accomodation form 3802A sined by Deputy/Captain/Warden.

STEP 1: FORMAL RESOLUTION

 Check one box: ☒ Grievance ☐ Submission is not subjected to the Grievance Process

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.

On 4/1/19 Grievant was informed that his complaint was forwarded to the Facility and ADA for further review.

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE

(Failure to sign forms will forgo your right to appeal the proposed resolution.)

☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.

Inmate's Signature:



Date:

☐ Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Date:

4/2/19

| | | |
|---|--------------------------------------|-----------------------------------|
|  CITY OF NEW YORK - DEPARTMENT OF CORRECTION  | | |
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | | |
| DISPOSITION FORM | | |
| Grievance Reference #: N-139/19 #204958 | Date Filed: 4/8/19 | Facility: NIC- Annex D3 |
| Inmate Name: Gee, Antoine | Book and Case#: 3491901703 | Category: 2 |
| From OCGS Inmate Statement Form, print or type short description of grievance: Grievant states: Property Officer | | |
| <p>Mcalli lied and said my sneakers in my property have an air bubble to wich they don't and as a result of him lieing I cannot ambulate nor can I wolk properly. It is malicious and discrimination against my disability. Other inmates incarcerated without a physical impairment have nike, jordan puma, timberland, footwear yet I have an actual physical impairment and I'm being denied my footwear from an Officer false accusations.</p> | | |
| Action Requested by Inmate: Would like my footwear from my property so I can properly ambulate. | | |
| STEP 1: FORMAL RESOLUTION | | |
| Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process | | |
| The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. | | |
| <p>On 4/9/19 grievant was provided with his footwear from his property after all the proper paperwork was filled out and signed by the facility.</p> | | |
| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE <i>(Failure to sign forms will forgo your right to appeal the proposed resolution.)</i> | | |
| <input type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer. | | |
| <small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.</small> | | |
| Inmate's Signature: | Date: | |
| <input type="checkbox"/> Preliminary Review Requested | | |
| Grievance Coordinator/Officer Signature: | Date: 4/9/19 | |



CITY OF NEW YORK - DEPARTMENT OF CORRECTION



OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

| | | | |
|--|-------------------------------------|-------------------------------------|-----------------------------------|
| Inmate's Name: <u>Geer Antiche</u> | Book & Case #: <u>3191901702</u> | NYSID #: | |
| Facility: <u>Norfolk Correctional</u> | Housing Area: <u>D3</u> | Date of Incident: <u>4-22-19</u> | Date Submitted: <u>4-24-19</u> |

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: I was in the Bathroom in dorm 3 there was water on the floor I was walking and did not see the water as I was walking out I lost my Balance and fell and as a result I hurt my Back

Action Requested by Inmate:

Please read below and check the correct box:

| | | |
|---|------------------------------|--|
| Do you agree to have your statement edited for clarification by OCGS staff? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Do you need the OCGS staff to write the grievance for you? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Have you filed this grievance with a court or other agency? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Did you require the assistance of an interpreter? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

| | |
|--|--------------------|
| Inmate's Signature: <u>Geer Antiche</u> | Date of Signature: |
|--|--------------------|

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

| | | |
|--|---|---------------------------|
| TIME STAMP <u>2019 APR 24 P 1:38</u> | Grievance Reference # <u>NB/19 #209675</u> | Category: <u>Other</u> |
| Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>[Signature]</u> | | |



**CORRECTION DEPARTMENT
CITY OF NEW YORK**

**INMATE REASONABLE
ACCOMMODATION REQUEST (IRAR)**

Form: 3802A
Eff. : 12/15/05
Ref. : Dir. #3802



I request reasonable accommodation due to my impairment. I understand that this is only a request, which will begin the inquiry into whether or not I am entitled to receive a reasonable accommodation. I also understand that my housing will not be immediately affected while my request is under consideration. I will be within my rights to file a grievance through the Inmate Grievance Program should I not agree with the determination made regarding this request for reasonable accommodation.

Note: Appropriate Department of Correction staff may assist an inmate in completing this form.

| | | |
|---|-------------------------------------|----------------------------------|
| Inmate's Last Name: <u>Gee</u> | Inmate's First Name: <u>Antoine</u> | Date: <u>4-10-14</u> |
| NYSID #: _____ | Book & Case #: <u>3491961703</u> | Facility/Housing: <u>D-3 D1C</u> |
| I am/have <u>Extreme Pain on my Hip</u> <u>OSTEO PERIO/ARTHRITIS</u> (State Impairment) | | |
| I am unable to <u>Sleep/ walk at times. I am a amputee</u> (Describe Limitation or Disability) | | |
| Accommodation Requested: <u>Double mattress/stroper Pain medication</u> | | |

A request for an accommodation may be denied if the Department of Correction (DOC) cannot adequately evaluate the request without being provided limited medical information relevant to the accommodation you may be seeking. Your medical information is private and cannot be revealed to DOC without your permission. Do you wish to provide a waiver that allows DOC to obtain medical information from Prison Health Services or any other medical personnel, private physician or clinic, for the limited purpose of evaluating your accommodation request? You may revoke you waiver at any time by providing DOC written notice of the revocation.

☒ I do wish to give DOC access to my medical information for the limited purpose of having DOC evaluate my request for an accommodation.

Inmate's Signature: Gee Antoine Date: 4-9-14

☐ I do not wish to allow DOC access to my medical records to evaluate my accommodation request. I understand that if DOC determines that my request cannot be properly evaluated without access to my medical information, my request for an accommodation may be denied for this reason.

Inmate's Signature: Gee Antoine Date: 4-9-14

Staff Accepting/Assisting with Completion of this Application

| | | | |
|--|------------|-------------|-----------------|
| Staff Name (Print) | Rank/Title | Shield/ID # | Staff Signature |
| Counseling Services Unit must forward this form to both the D.R.I.C. and facility Deputy Warden for Programs for a determination. | | | |



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

| | | |
|---------------------------------------|-------------------------------------|-------------------------------------|
| Inmate's Name: <u>Gee, Antoine</u> | Book & Case #: <u>3491401703</u> | NYSID #: <u>01</u> |
| Facility: | Housing Area: <u>D3</u> | Date of Incident: <u>9-16-19</u> |
| | | Date Submitted: <u>9-16-19</u> |

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: my leg has a Severe abrasion from skin Break down and i have noted and notified Medical Staff Prior to this abra- POSSIBLE anti Resistant of treatment Plan to treat and accomodate me with adequate Medical care i've spoken with Dr. Iacusa multiple times Prior to the skin Breaking down causing my leg Pain and Suffering with my leg Like this I cannot Properly ambulate/walk

Action Requested by Inmate: to Be compensated for my Pain and Suffering and to Be Prescribed Hyalor #3/ outside medication

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☒ No ☐

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☐ No ☒

Did you require the assistance of an interpreter?

Yes ☐ No ☒

Inmate's Signature:

Date of Signature:

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

Inmate's Name:

Gee, Antoine

Book & Case #:

3491901703

NYSID #:

G10416111

Facility:

North command Area

Housing Area:

D3

Date of Incident:

4-19-2019

Date Submitted:

4-19-2019

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

I complained about Being in Pain and Showed Pch Lucuso my Legal Document which has ordered medical Staff to Properly treat my Pain He explained to me that the Head doctor won't give me anything at all for my Pain he also said that medical won't pay for me to go to Belve hospital where I would become adequately treated he also said that even if I were given medication by Belve hospital he nor the Head Doctor could give me medicine.

Action Requested by Inmate: to have a Second opinion for Pain management and to Be Sent to Belve Hospital for Pain management.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☒ No ☐

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☒ No ☐

Did you require the assistance of an interpreter?

Yes ☐ No ☒

Inmate's Signature:

Gee, Antoine

Date of Signature:

04-19-2019

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM



Form: 7101R-A
Eff: 9/14/18
Ref.: Dir. 3376R-A

Inmate's Name:

Antoine Gee

Book & Case #:

349191703

NYSID #:

Facility:

North Correctional Inst. A10

Housing Area:

Room 3

Date of Incident:

Date Submitted:

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

at 3:20 I made a formal medical complaint about being in pain housing officer Woods informed me at 4:42 the doctor came to speak with me in regard to my complaint about being in pain. (Doctor Badders) said he will not prescribe me any medication being that this is not his primary medical station I am being denied medical care/pain medication to relieve me of my hip and back pain.

Action Requested by Inmate:

would like to talk with doctor about calling my Pain Specialist

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐ No ☒

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☒ No ☐

Did you require the assistance of an interpreter?

Yes ☐ No ☒

Inmate's Signature:

Antoine Gee

Date of Signature:

FOR DOC OFFICE USE ONLY

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TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

| | | |
|--|-------------------------------------|------------------------------------|
| Inmate's Name: <u>Geel Antoine</u> | Book & Case #: <u>3491901703</u> | NYSID #: |
| Facility: <u>North commond Area</u> | Housing Area: <u>D3</u> | Date of Incident: <u>5-1-19</u> |
| | | Date Submitted: <u>5-2-19</u> |

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: Security staff took my supportive footwear against the doctors orders which allowed me to wear my supportive footwear as a result I slipped and fell due to not having my footwear my disability is being Discriminated against

Action Requested by Inmate: Investigation conducted BI ADA Pertaining to Disability Discrimination. Please Preserve video footage for litigation.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐ No ☒

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☒ No ☐

Did you require the assistance of an interpreter?

Yes ☐ No ☒

| | |
|---|-------------------------------------|
| Inmate's Signature: <u>[Signature]</u> | Date of Signature: <u>5-2-19</u> |
|---|-------------------------------------|

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THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

| | | |
|--|-----------------------|-----------|
| TIME STAMP | Grievance Reference # | Category: |
| | | |
| Office of Constituent and Grievances Services Coordinator/Officer Signature: | | |

04/17/2019

New York City Department Of Correction
View/Print Inmate Transactions

IFCAIT01
S9089

BAC Number : 3491901703

GEE,ANTOINE

| Date | Description | Notes | Reference | Amount | Balance |
|----------|--------------------|-----------------------|--------------|--------|---------|
| 04/17/19 | POSTAGE/CERT. MAIL | 5WHALANPLC,YONKERSNY | 1343706655 (| 0.55) | 9.15 |
| 04/17/19 | POSTAGE/CERT. MAIL | 7520ASTORIA BLV,E,ELM | 1343706654 (| 0.55) | 9.70 |
| 04/17/19 | POSTAGE/CERT. MAIL | 526W146ST NY NY10031 | 1343706653 (| 0.55) | 10.25 |
| 04/17/19 | POSTAGE/CERT. MAIL | 70W3RDST,MTVERNON,NY | 1343706652 (| 0.55) | 10.80 |
| 04/17/19 | POSTAGE/CERT. MAIL | 125BWAY NY 10013 | 1343706651 (| 0.55) | 11.35 |
| 04/17/19 | POSTAGE/CERT. MAIL | 199WATER ST NY 10038 | 1343706649 (| 0.55) | 11.90 |
| 04/17/19 | HAIRCUT/HAIRSTYLE | HA - 1343591181 | 1343706648 (| 2.00) | 12.45 |
| 04/17/19 | VENDOR PHONE CHARG | RS - 1343690154 | 1343706647 (| 0.60) | 14.45 |

| | | | |
|-----------------------|----------|------------------------|--|
| Available Balance : | 9.15 | Unpaid Restitutions : | |
| Total Balance : | 9.15 | Held Check Balance : | |
| Current Facility ID : | NIC | Surcharge Balance : | |
| Status : | DETAINED | Uncollected Surcharge: | |
| Filing Fee Balance : | | Funds in Escrow : | |

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<F17>=Restitutions <F18>=Phone Calls <F20>=Date

04/17/2019

New York City Department Of Correction
View/Print Inmate Transactions

IFCAIT01
S9089

BAC Number : 3491901703

GEE,ANTOINE

| Date | Description | Notes | Reference | Amount | Balance |
|----------|--------------------|---------------------|--------------|--------|---------|
| 04/17/19 | VENDOR PHONE CHARG | RS - 1343629438 | 1343706646 (| 0.75) | 15.05 |
| 04/17/19 | VENDOR PHONE CHARG | RS - 1343546018 | 1343706645 (| 0.40) | 15.80 |
| 04/17/19 | POSTAGE/CERT. MAIL | 500PEARLST NY 10007 | 1343706644 (| 7.60) | 16.20 |
| 04/16/19 | VENDOR PHONE CHARG | SUMM. IN 1343686794 | 1343698828 (| 1.20) | 23.80 |
| 04/16/19 | 3RD PARTY DEPOSITS | JPAY01 REMOTE DEP | 1343692459 | 25.00 | 25.00 |
| 04/16/19 | VENDOR PHONE CHARG | SUMM. IN 1343686794 | 1343690154 (| 0.15) | 0.00 |
| 04/15/19 | POSTAGE/MAIL CORR. | POSTAGE-RT 4/10/19 | 1343672783 | 0.15 | 0.15 |
| 04/12/19 | HAIRCUT/HAIRSTYLE | | 1343591181 | | 0.00 |

| | | | |
|-----------------------|----------|------------------------|--|
| Available Balance : | 9.15 | Unpaid Restitutions : | |
| Total Balance : | 9.15 | Held Check Balance : | |
| Current Facility ID : | NIC | Surcharge Balance : | |
| Status : | DETAINED | Uncollected Surcharge: | |
| Filing Fee Balance : | | Funds in Escrow : | |

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IFCAIT01
S9089

BAC Number : 3491901703

GEE,ANTOINE

| Date | Description | Notes | Reference | Amount | Balance |
|----------|--------------------|----------------------|--------------|--------|---------|
| 04/10/19 | VENDOR PHONE CHARG | SUMM. IN 1343538195 | 1343546018 (| 0.35) | 0.00 |
| 04/10/19 | POSTAGE/CERT. MAIL | 950PENNSYLVANIAAV,DC | 1343542840 (| 0.85) | 0.35 |
| 04/10/19 | POSTAGE/CERT. MAIL | NYC COMP NY 10007 | 1343541149 (| 1.60) | 1.20 |
| 04/10/19 | POSTAGE/MAIL CORR. | POSTAGE-RT 4/4/19 | 1343539822 | 0.15 | 2.80 |
| 04/10/19 | POSTAGE/MAIL CORR. | POSTAGE-RT 4/4/19 | 1343539820 | 0.15 | 2.65 |
| 04/09/19 | COMMISSARY | | 1343523141 (| 1.20) | 2.50 |
| 04/09/19 | COMMISSARY | | 1343523139 (| 9.89) | 3.70 |
| 04/09/19 | VENDOR PHONE CHARG | SUMM. IN 1343515643 | 1343522873 (| 0.50) | 13.59 |

| | | | | |
|---------------------|---|----------|------------------------|---|
| Available Balance | : | 9.15 | Unpaid Restitutions | : |
| Total Balance | : | 9.15 | Held Check Balance | : |
| Current Facility ID | : | NIC | Surcharge Balance | : |
| Status | : | DETAINED | Uncollected Surcharge: | |
| Filing Fee Balance | : | | Funds in Escrow | : |

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<F17>=Restitutions <F18>=Phone Calls <F20>=Date

04/17/2019

New York City Department Of Correction
View/Print Inmate Transactions

IFCAIT01
S9089

BAC Number : 3491901703

GEE,ANTOINE

| Date | Description | Notes | Reference | Amount | Balance |
|----------|--------------------|----------------------|--------------|--------|---------|
| 04/06/19 | VENDOR PHONE CHARG | SUMM. IN 1343441725 | 1343442946 (| 0.63) | 14.09 |
| 04/06/19 | VENDOR PHONE CHARG | SUMM. IN 1343441725 | 1343442442 (| 0.95) | 14.72 |
| 04/05/19 | VENDOR PHONE CHARG | SUMM. IN 1343419037 | 1343435954 (| 1.20) | 15.67 |
| 04/05/19 | VENDOR PHONE CHARG | SUMM. IN 1343419037 | 1343421716 (| 1.20) | 16.87 |
| 04/04/19 | POSTAGE/CERT. MAIL | NYC COMP NY 10007 | 1343394645 (| 1.15) | 18.07 |
| 04/04/19 | POSTAGE/CERT. MAIL | 160BWAY NY 10038 | 1343394638 (| 0.70) | 19.22 |
| 04/04/19 | POSTAGE/CERT. MAIL | 20VESEY ST NY10007 | 1343394637 (| 0.55) | 19.92 |
| 04/04/19 | POSTAGE/CERT. MAIL | 2741CINEYISLANDAV,BK | 1343394636 (| 0.70) | 20.47 |

| | | |
|---------------------|---|----------|
| Available Balance | : | 9.15 |
| Total Balance | : | 9.15 |
| Current Facility ID | : | NIC |
| Status | : | DETAINED |
| Filing Fee Balance | : | |

| | |
|------------------------|---|
| Unpaid Restitutions | : |
| Held Check Balance | : |
| Surcharge Balance | : |
| Uncollected Surcharge: | |
| Funds in Escrow | : |

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04/17/2019

New York City Department Of Correction
View/Print Inmate Transactions

IFCAIT01
S9089

BAC Number : 3491901703

GEE,ANTOINE

| Date | Description | Notes | Reference | Amount | Balance |
|----------|--------------------|---------------------|--------------|--------|---------|
| 04/04/19 | POSTAGE/CERT. MAIL | 100CENTER ST NY1007 | 1343394635 (| 0.55) | 21.17 |
| 04/04/19 | POSTAGE/CERT. MAIL | 125BWAY NY NY 10036 | 1343394634 (| 0.55) | 21.72 |
| 04/03/19 | VENDOR PHONE CHARG | SUMM. IN 1343369754 | 1343376910 (| 1.00) | 22.27 |
| 04/03/19 | VENDOR PHONE CHARG | SUMM. IN 1343369754 | 1343376491 (| 0.50) | 23.27 |
| 04/02/19 | VENDOR PHONE CHARG | SUMM. IN 1343345823 | 1343363677 (| 1.20) | 23.77 |
| 04/02/19 | VENDOR PHONE CHARG | SUMM. IN 1343345823 | 1343362835 (| 0.80) | 24.97 |
| 04/02/19 | COMMISSARY | | 1343350324 (| 1.20) | 25.77 |
| 04/02/19 | HAIRCUT/HAIRSTYLE | | 1343350221 (| 2.00) | 26.97 |

| | | |
|---------------------|---|----------|
| Available Balance | : | 9.15 |
| Total Balance | : | 9.15 |
| Current Facility ID | : | NIC |
| Status | : | DETAINED |
| Filing Fee Balance | : | |

| | |
|------------------------|---|
| Unpaid Restitutions | : |
| Held Check Balance | : |
| Surcharge Balance | : |
| Uncollected Surcharge: | |
| Funds in Escrow | : |

<Next>=Down Page <Prev>=Up Page <F2>=Print Report <F11>=Exit
<F17>=Restitutions <F18>=Phone Calls <F20>=Date



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

Inmate's Name:

Gee, Antoine

Book & Case #:

3491001703

NYSID #:

Facility:

North command Area 3

Housing Area:

Date of Incident:

4-11-19

Date Submitted:

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

my Pain Levels increased Since Being incarcerated I've talked with D.O.C Staff, medical Staff, called 311, Prisoners Rights Project and am now filing a grievance I've exhausted all avenues and I feel as though my call for help is being ignored. also I have a Bone Density Problem (osteopenia), (Arthritis). my Bones Hurt as well as my Lower Back from and Post amputation site from a Recent Slip and fall.

Action Requested by Inmate:

increase Pain medication

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes



No



Do you need the OCGS staff to write the grievance for you?

Yes



No



Have you filed this grievance with a court or other agency?

Yes



No



Did you require the assistance of an interpreter?

Yes



No



Inmate's Signature:

Gee, Antoine

Date of Signature:

4-12-19

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:



**THE
LEGAL
AID
SOCIETY**

Prisoners' Rights Project
199 Water Street
New York, NY 10038
T (212) 577-3530
F (212) 509-8433
www.legal-aid.org

Blaine (Fin) V. Fogg
President

Seymour W. James, Jr.
Attorney-in-Chief

Justine M. Luongo
Attorney-in-Charge
Criminal Defense Practice

Mary Lynne Werlwas
Project Director
Prisoners' Rights Project

TO: *Antoine Gree*
FROM: THE PRISONERS' RIGHTS PROJECT
RE: YOUR MEDICAL CARE ISSUE

Thank you for contacting the Prisoners' Rights Project about your medical treatment. Enclosed is a report that we have sent for you to officials of the NYC Health & Hospitals Corporation, which operates the jail medical clinics, and the Board of Correction. Please let us know whether or not you receive the health services that we have requested for you.

Whenever you need medical attention in the future, you should sign up on the list for daily sick call at the clinic or, if it is an emergency, ask any staff member to call the jail clinic. Your right to see a doctor on request is guaranteed by New York City Board of Correction Minimum Health Care Standards. You should also file a medical grievance or request for second opinion if you are not getting the treatment that you need. You should always try to use the existing procedures first.

The Board of Correction can also help if you have problems getting medical care or have other jail problems. The Board of Correction sets minimum standards for the city jails and has the power to investigate inmate complaints and to try to resolve them with the Department. There is a staff member from BOC assigned to work in your jail. You may request an interview with the staff member by writing or calling the Board of Correction offices at

Municipal Building
1 Centre Street, Room 2213
New York, NY 10007
Phone: 212-669-7900

We hope that you are feeling better soon and that our limited assistance will take care of your immediate problem. We are sorry that, due to our limited resources and staff in our office, we cannot represent you in any legal action that you may want to take or bring a case for you in court.

Guzman, Kyle

From: Lopez, Ginger
Sent: Monday, March 25, 2019 4:31 PM
To: 'constituentservices@doc.nyc.gov'; 'boccomplaints@doc.nyc.gov';
'Nina.Edwards@doc.nyc.gov'; 'pmorgese@nychhc.org'
Cc: Werlwas, Mary Lynne; Wilker, Dale; Vela, Veronica; Lopez, Ginger; Bustos, Yessica;
Guzman, Kyle; McCarthy, Julia; Simpson, Kayla
Subject: Request for Medical Accommodations/Supportive Footwear, ANTOINE GEE, B&C:
349-19-01703; NYSID: 01041691M, MDC

I write on behalf of Mr. Antoine Gee, 349-19-01703, who is currently housed in MDC, 4 South. Mr. Gee reports that he has a prosthetic left leg and is in need of a medical accommodation including specialized footwear.

Mr. Gee says that he became disabled in a 2015 car accident, which now requires him to ambulate through the use of a prosthetic left leg. Mr. Gee also reports that when he was in the community he utilized a device/charger that enabled his prosthetic leg to "bend." He says without the device/charger he experiences immense pain in "every step." He says the pain is unbearable and is proceeding to his lower back area. He says he is currently being prescribed ibuprofen but feels it has not been effective in relieving his pain.

Further, Mr. Gee says that DOC staff in his housing area confiscated his supportive footwear despite showing DOC staff medical documentation allowing him to have supportive footwear. Mr. Gee is requesting orthopedic footwear to help him ambulate.



Mr. Gee also believes that the "thin mattress" he is currently utilizing is also contributing to his increase in back pain. Mr. Gee is requesting a transfer to NIC or an infirmary setting where he feels he will receive more appropriate medical treatment.

Would you please ensure that Mr. Gee is seen by CHS staff concerning his need for supportive footwear, pain medication, a device/charger for his prosthetic leg and possible transfer to an infirmary setting as soon as possible today. Please ensure that Mr. Gee receives supportive wear, pain medication or treatment that will be effective enough to relieve his current pain. Please also consider transferring Mr. Gee to an infirmary setting for more closely monitored medical treatment.

Thank you in advance for your attention to this matter.

Mayzabeth Ginger Lopez-Paralegal Casehandler
Prisoners' Rights Project
T: (212) 577-3532 F: (646) 219-8989
199 Water St.
NY, NY 10038

**THE
LEGAL AID
SOCIETY**

| | |
|--|--------------------------------------|
|  CITY OF NEW YORK - DEPARTMENT OF CORRECTION  | |
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | |
| DISPOSITION FORM | |
| Form.: 7102R Eff.: 9/14/18 Ref.: Dir. 3376R-A | |
| Grievance Reference #: NG/19 #211616 | Date Filed: 5/3/19 |
| Facility: NIC- Annex D3 | |
| Inmate Name: Gee, Antoine | Book and Case#: 3491901703 |
| Category: Other | |
| From OCGS Inmate Statement Form, print or type short description of grievance: | |
| Grievant states: Sneakers were taken from me even though I had a doctors note to keep my sneaker. Was taken to intake and searched in a manner that was non professional and sexually harrasing. | |
| Action Requested by Inmate: <u>Preseve video footage for future litigation have security give me back supportive footwear/ investigation.</u> | |
| STEP 1: FORMAL RESOLUTION | |
| Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process | |
| The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. | |
| On 5/6/19 Grievant was informed that it's not under the purview of OCGS to provide any of these action requested by inmate. | |
| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE <i>(Failure to sign forms will forgo your right to appeal the proposed resolution.)</i> | |
| <input type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer. | |
| <small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.</small> | |
| Inmate's Signature: | Date: |
| <input type="checkbox"/> Preliminary Review Requested | |
| Grievance Coordinator/Officer Signature: | Date: |

Antoine D Gee

Book and case: 3491901703

Date: 03-30-2019

Time 9:45 am

at approximately 5:35 officer wood and myself talk. I asked the officer if he could ask Medical nurse that was in my housing area if she could evaluate my medical condition (Pain) the nurse informed officer wood she will not do that and that the doctor will see me.

I feel as though I'm being Denied adequate medical attention/care associated with my disability/ → PHYSICAL impairment. I also feel as though Because I am seeking Reasonable accommodation my disability is being Discriminated against. the Doctor was called at 3:56

Antoine D Gee



housing area/ Place of incident

North Command Area Dorm 3

1500 Hazing St East Elmhurst, New York 11703



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

| | | | |
|---|--------------------------------|-------------------------------------|-----------------|
| Inmate's Name: <u>Gee, Antone</u> | | Book & Case #: <u>3491901703</u> | NYSID #: |
| Facility: <u>North Command Annex</u> | Housing Area: <u>Dorm 3</u> | Date of Incident: <u>4-2-19</u> | Date Submitted: |

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: Im Being Denied Pain medication that I am Prescribed
on the outside Im Being Denied A Proper evaluation/Referral for
Pain management. Im currently experiencing Chronic Pain/Suffering
Denied asseble transportation for court on 4-4-19

Action Requested by Inmate: Send to Bellevue Hospital/East Amhurst Hospital
for Proper Pain evaluation/treatment/Accessible transportation

Please read below and check the correct box:

| | | |
|---|------------------------------|-----------------------------|
| Do you agree to have your statement edited for clarification by OCGS staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you need the OCGS staff to write the grievance for you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you filed this grievance with a court or other agency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you require the assistance of an interpreter? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



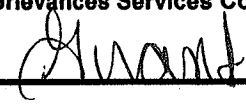
| | |
|---------------------|--------------------|
| Inmate's Signature: | Date of Signature: |
|---------------------|--------------------|



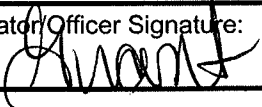
FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

| | | |
|--|--|-------------------------------|
| TIME STAMP <u>2019 APR - 8 P 3:22</u> | Grievance Reference # <u>NA/19 #205026</u> | Category: <u>8-medical</u> |
| | Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>[Signature]</u> | |

| | | |
|---|---|--|
|  CITY OF NEW YORK - DEPARTMENT OF CORRECTION  | | |
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM | | Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A |
| Inmate's Name: <u>Gee, Antone</u> | | Book & Case #: <u>3491901703</u> |
| | | NYSID #: _____ |
| Facility: <u>North Command Annex</u> | Housing Area: <u>Dorm 3</u> | Date of Incident: _____ |
| | | Date Submitted: _____ |
| <p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> | | |
| Grievance: <u>im Being Denied Pain medication that I am Prescribed on the outside. im Being Denied A Proper evaluation/Referral for Pain management. im currently experiencing Chronic Pain/Suffering</u> <u>Denied Accessible transportation for court on 4-4-19</u> | | |
| Action Requested by Inmate: <u>Send to Bellevue Hospital / east elmhurst Hospital for Proper Pain evaluation/treatment / Accessible transportation</u> | | |
| Please read below and check the correct box: | | |
| Do you agree to have your statement edited for clarification by OCGS staff? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you need the OCGS staff to write the grievance for you? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you filed this grievance with a court or other agency? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did you require the assistance of an Interpreter? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Inmate's Signature: _____ | | Date of Signature: _____ |
| FOR DOC OFFICE USE ONLY | | |
| OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. | | |
| THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR | | |
| TIME STAMP 2019 APR - 8 P 3:22 | Grievance Reference # <u>NA/19 #205026</u> | Category: <u>8-medical</u> |
| Office of Constituent and Grievances Services Coordinator/Officer Signature:  | | |

| | | | |
|---|--|----------------------------|---|
|  | CITY OF NEW YORK - DEPARTMENT OF CORRECTION | |  |
| | OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | | |
| | DISPOSITION FORM | | |
| Form.: 7102R Eff.: 9/14/18 Ref.: Dir. 3376R-A | | | |
| Grievance Reference #: N-139/19 #204958 | | Date Filed: 4/8/19 | Facility: NIC- Annex D3 |
| Inmate Name: Gee, Antoine | | Book and Case#: 3491901703 | Category: 2 |
| From OCGS Inmate Statement Form, print or type short description of grievance: Grievant states: Property Officer | | | |
| Mcalli lied and said my sneakers in my property have an air bubble to wich they don't and as a result of him lieing I cannot ambulate nor can I wolk properly. It is malicious and discrimination against my disability. Other inmates incarcerated without a physical impairment have nike, jordan puma, timberland, footwear yet I have an actual physical impairment and I'm being denied my footwear from an Officer false accusations. | | | |
| Action Requested by Inmate: <u>Would like my footwear from my property so I can properly ambulate.</u> | | | |
| STEP 1: FORMAL RESOLUTION | | | |
| Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process | | | |
| The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. | | | |
| On 4/9/19 grievant was provided with his footwear from his property after all the proper paperwork was filled out and signed by the facility. | | | |
| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE | | | |
| <i>(Failure to sign forms will forgo your right to appeal the proposed resolution.)</i> | | | |
| <input type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer. | | | |
| <small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.</small> | | | |
| Inmate's Signature: | | Date: | |
| <input type="checkbox"/> Preliminary Review Requested | | | |
| Grievance Coordinator/Officer Signature:  | | Date: 4/9/19 | |



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

| | | |
|---------------------------------------|-------------------------------------|---------------------------------------|
| Inmate's Name: <u>Gee, Antoine</u> | Book & Case #: <u>3491901703</u> | NYSID #: <u>610411611m</u> |
| Facility: <u>North command Ant</u> | Housing Area: <u>D3</u> | Date of Incident: <u>4-19-2019</u> |
| | | Date Submitted: <u>4-19-2019</u> |

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: I complained about Being in Pain and Showed Pch
Coruso my Legal Document with has ordered medical
Staff to Properly treat my Pain He explained to me that
the Head doctor cant give me anything at all for my
Pain he also said that medical cant pay for me to go to
Belve hospital where I would Become adequately treated
he also said that even if I were given medication By
Belve hospital he nor the Head Doctor could give me medicine.

Action Requested by Inmate: to have a Second opinion for Pain management
and to Be sent to Belve Hospital for Pain management.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☒ No ☐

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☒ No ☐

Did you require the assistance of an interpreter?

Yes ☐ No ☒



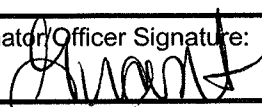
| | |
|--|---|
| Inmate's Signature: <u>Gee, Antoine</u> | Date of Signature: <u>04-19-2019</u> |
|--|---|

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

| | | |
|------------|--|-----------|
| TIME STAMP | Grievance Reference # | Category: |
| | Office of Constituent and Grievances Services Coordinator/Officer Signature: | |

| | | | |
|--|--|---|---|
|  | CITY OF NEW YORK - DEPARTMENT OF CORRECTION | |  |
| | OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | | |
| | DISPOSITION FORM | | |
| | | Form.: 7102R Eff.: 9/14/18 Ref.: Dir. 3376R-A | |
| Grievance Reference #: N-139/19 #204958 | | Date Filed: 4/8/19 | Facility: NIC- Annex D3 |
| Inmate Name: Gee, Antoine | | Book and Case#: 3491901703 | Category: 2 |
| From OCGS Inmate Statement Form, print or type short description of grievance: Grievant states: Property Officer Mcalli lied and said my sneakers in my property have an air bubble to wich they don't and as a result of him lieing I cannot ambulate nor can I wolk properly. It is malicious and discrimination against my disability. Other inmates incarcerated without a physical impairment have nike, jordan puma, timberland, footwear yet I have an actual physical impairment and I'm being denied my footwear from an Officer false accusations. | | | |
| Action Requested by Inmate: <u>Would like my footwear from my property so I can properly ambulate.</u> | | | |
| STEP 1: FORMAL RESOLUTION | | | |
| Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. <u>On 4/9/19 grievant was provided with his footwear from his property after all the proper paperwork was filled out and signed by the facility.</u> | | | |
| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) | | | |
| <input type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer. | | | |
| <small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.</small> | | | |
| Inmate's Signature: | | Date: | |
| <input type="checkbox"/> Preliminary Review Requested | | | |
| Grievance Coordinator/Officer Signature: | | Date: | |
|  | | 4/9/19 | |



CITY OF NEW YORK - DEPARTMENT OF CORRECTION



OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

 Form.: 7102R
 Eff.: 9/14/18
 Ref.: Dir. 3376R-A

DISPOSITION FORM

 Grievance Reference #:
 N-132/19 #203190

 Date Filed:
 4/1/19

 Facility:
 NIC- Annex D3

 Inmate Name:
 Gee, Antoine

 Book and Case#:
 3491901703

 Category:
 14

From OCGS Inmate Statement Form, print or type short description of grievance:

Grievant states: Around 4:15 am

I went to the bubble where Officer Boome was located I observed her in which looked like she may have been asleep. I gently knocked on the window to ask for immediate medical attention where I was told I have to wait for medical personal to asses my chart and then I'll be seen I am in grave pain and suffering prior to speaking with Officer Boon at 3:56 am I told Officer Wood to which he also informed Boon and documented my complaint.

Action Requested by Inmate: Immediate medical accomotion for my pain and suffering/ have my resonable accomodation form 3802A sined by Deputy/Captain/Warden.

STEP 1: FORMAL RESOLUTION

 Check one box: ☒ Grievance ☐ Submission is not subjected to the Grievance Process

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.

On 4/1/19 Grievant was informed that his complaint was forwarded to the Facility and ADA for further review.

 CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE
 (Failure to sign forms will forgo your right to appeal the proposed resolution.)

☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.

Inmate's Signature:

Date:

☐ Preliminary Review Requested

Grievance Coordinator/Officer Signature:

 Date:
 4/2/19



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

Inmate's Name:

Gre, Antone

Book & Case #:

3491901703

NYSID #:

Facility:

North command Area

Housing Area:

Dorm 3

Date of Incident:

4-2-19

Date Submitted:

4-3-19

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

im Being Denied Pain medication that I am Prescribed
on the outside im Being Denied A Proper evaluation / Referral for
Pain management. im currently experiencing Chronic Pain / Suffering
Denied Accessible transportation for court on 4-4-19

Action Requested by Inmate:

Send to Bellevue Hospital / East Elmhurst Hospital
for Proper Pain evaluation / treatment / Accessible transportation

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐No ☐

Do you need the OCGS staff to write the grievance for you?

Yes ☐No ☐

Have you filed this grievance with a court or other agency?

Yes ☐No ☐

Did you require the assistance of an interpreter?

Yes ☐No ☐

Inmate's Signature:

Date of Signature:

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

2019 APR - 8 P 322



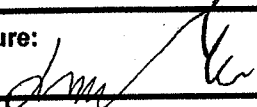
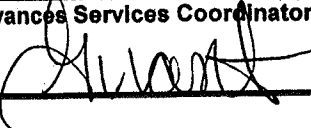
Grievance Reference #

NA119 #2050006

Category:

8-medical

Office of Constituent and Grievances Services Coordinator/Officer Signature:

| | | |
|--|---|---|
|  CITY OF NEW YORK - DEPARTMENT OF CORRECTION  | | |
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM | | Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A |
| Inmate's Name: Antoine D. Gee | Book & Case #: 3491901703 | NYSID #: |
| Facility: North Command Area | Housing Area: Dorm 3 | Date of Incident: 3-30-19 |
| | | Date Submitted: 3-30-19 |
| <p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> | | |
| Grievance: around 9:15 am I went to the Bubble where officer Boone was located I observed her in which looked like she may have been asleep. I Gently knocked on the window to ask for immediate medical attention where I was told I have to wait for medical personnel to assess my chart and then I'll be seen. I am in grave pain and suffering prior to speaking with officer Boone At 3:56 am I told officer Wood to which he also informed Boone and documented my complaint. | | |
| Action Requested by Inmate: immediate medical accomodation for my pain and suffering/have mey Resorable accomodation form 38029 signed By Deputy/Captain/warden | | |
| Please read below and check the correct box: | | |
| Do you agree to have your statement edited for clarification by OCGS staff? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Do you need the OCGS staff to write the grievance for you? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Have you filed this grievance with a court or other agency? | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Did you require the assistance of an interpreter? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Inmate's Signature:  | | Date of Signature: 03-30-19 |
| FOR DOC OFFICE USE ONLY | | |
| OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. | | |
| THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR | | |
| TIME STAMP 2019 APR 1 2:57 PM | Grievance Reference # 11-132/19 # 203190 | Category: 14-medical |
| Office of Constituent and Grievances Services Coordinator/Officer Signature:  | | |

Antoine D Gee

Book and case: 3491961703

Date: 03-30-2019

Time 9:45 am

at approximately 5:35 officer wood and myself talk. I asked the officer if he could ask Medical nurse that was in my housing area if she could evaluate my medical condition (Pain) the nurse informed officer wood she will not do that and that the doctor will see me.

I feel as though I'm being Denied adequate medical attention/care associated with my disability/ → physical impairment. I also feel as though Because I am seeking Reasonable accommodation my disability is being Discriminated against. the Doctor was called at 3:56

Antoine D Gee



housing area/ Place of incident

North Command Area Dam 3

1500 Hazing St East Elmhurst, New York 11703

**GEE, ANTOINE**

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Insurance: Self Pay

Appointment Facility: Manhattan Detention Center

03/28/2019

Ruth Hai, MD

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/16/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5 mg At Bedtime, stop date 03/29/2019, Drug Source: Pharmacy-Non Carry
- HydrOXYzine HCl 50 MG Tablet Total Dose: 100 mg At Bedtime, stop date 03/29/2019, Drug Source: Pharmacy-Non Carry

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17 RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment**1. EMERGENCY****History of Present Illness****Notes:**

EMERGENCY called for fall
27M with MVA 2015 resulting in BL hip fractures, requiring RLE ORIF, L. AKA 2017 with prosthesis, also with HTN, dysthymia, residual syphilis.

-Patient was found on ground outside elevator, with left leg prosthesis twisted so that foot was pointing outwards. Patient stated he could not walk due to extreme pain in R. knee. With arms he lifted himself into emergency wheelchair.

-No crutches, had in last admission, does not usually required crutches in the community however has not had access to his usual regimen for caring for and applying prosthesis (states operated via suction, requires alcohol pads or hand rub to clean prosthesis and to enhance suction).

-Patient also c/o inadequate pain control, took ibuprofen and tylenol this AM. Last admission complained of same, was referred to Ortho to discuss pain control, however was discharged before appointment. He states pain is worse because he is not allowed his good support sneakers, is compensating with his remaining leg. Checked with DOC captains who would not allow sneakers due to being gray and not-accepted brand.

Vital Signs

| BP | | |
|---------|---|---------------|
| 134/ 71 | 03/28/2019 12:41:53 PM Eastern Standard Time | Carline Louis |
| Pulse | | |
| 94 | 03/28/2019 12:41:53 PM Eastern Standard Time | Carline Louis |
| RR | | |
| 15 | 03/28/2019 12:41:53 PM Eastern Standard Time | Carline Louis |
| Temp | | |
| | 03/28/2019 12:41:53 PM | |

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Ruth Hai, MD 03/28/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYSID: 01041691M **BookCase:** 3491901703**GEE, ANTOINE**

223 NORTH JAMES ST, 2, PEEKSKILL, NY 10566

DOB: 03/20/1992 **Age:** 27 Y **Sex:** Male**Home:****Work:****Cell:****Email:****Advance Directive:****Primary Insurance:****PCP:****Account Number:** 348672**Allergies :** N.K.D.A

| | | | |
|----------|---|--|---------------------|
| | | Repeat lipid Profile in three months and follow up. | |
| Z11.8 | Encounter for screening for other infectious and parasitic diseases | 03/17/2019 03/28/2019 | Sharma, Pushpendra |
| Z00.00 | Encounter for general adult medical examination without abnormal findings | 03/17/2019 03/28/2019 | Sharma, Pushpendra |
| F12.10 | Cannabis abuse, uncomplicated | 03/28/2019 03/28/2019 | Sharma, Pushpendra |
| F14.10 | Substance abuse, unspecified | 03/28/2019 03/28/2019 | Sharma, Pushpendra |
| F34.1 | Dysthymic disorder | 03/28/2019 03/28/2019 | Sharma, Pushpendra |
| S88.912S | Complete traumatic amputation of left lower leg, level unspecified, sequela | 03/28/2019 04/03/2019 | Larosa, Christopher |
| F48.9 | Nonpsychotic mental disorder, unspecified | 03/28/2019 03/28/2019 | Davia, Michael |
| G54.6 | Phantom limb syndrome with pain | 03/28/2019 03/28/2019 | Davia, Michael |
| M54.89 | Other dorsalgia | 03/28/2019 04/10/2019 | Larosa, Christopher |
| M80.859S | Other osteoporosis with current pathological fracture, unspecified femur, sequela | 03/29/2019 03/29/2019 | Larosa, Christopher |
| F12.20 | Cannabis use disorder, Moderate | 04/01/2019 04/01/2019 | Allen, Malissa |

Medications**Name strength formulation, Sig: take route frequency**

Gabapentin 100 MG Capsule, Total Dose: 100 mg Orally Every 8 Hours Start Date: 04/11/2019 KOP: DrugSource: Pharmacy

Menthol-Methyl Salicylate - Ointment, Total Dose: one application Externally Every 8 Hours prn Start Date: 04/10/2019 KOP: DrugSource: Pharmacy

DiphenhydrAMINE HCl 50 MG Capsule, Total Dose: 100 mg Orally At Bedtime Start Date: 03/29/2019 KOP: No DrugSource: Pharmacy

Abilify 5 MG Tablet, Total Dose: 5mg Orally At Bedtime Start Date: 03/29/2019 KOP: No DrugSource: Pharmacy

Calcium 500/D 500-200 MG-UNIT Tablet, Total Dose: one tablet Orally Twice a day Start Date: 03/29/2019 KOP: No DrugSource: Pharmacy

NYSID: 01041691M **BookCase:** 3491901703**GEE, ANTOINE**

223 NORTH JAMES ST, 2, PEEKSKILL, NY 10566

DOB: 03/20/1992 **Age:** 27 Y **Sex:** Male**Home:****Work:****Cell:****Email:****Advance Directive:****Primary Insurance:****PCP:****Account Number:** 348672**Allergies :** N.K.D.A**Medical History****Active Problem List**

| Code | Name | Specify | Notes | Added On | Modified On | Modified By |
|----------|--|---------|--|------------|-------------|---------------------------|
| RI50 | SMI - NO | | | 09/19/2017 | 04/01/2019 | Allen, Malissa |
| F43.23 | Adjustment disorder with mixed anxiety and depressed mood | | | 09/26/2017 | 04/01/2019 | Allen, Malissa |
| Z00.01 | Encounter for general adult medical examination with abnormal findings | | | 07/07/2017 | 07/07/2017 | Harris, Brenda R |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter | | | 07/07/2017 | 07/12/2017 | Minn, Myoe |
| I10 | Essential (primary) hypertension | | | 07/07/2017 | 03/28/2019 | Davia, Michael |
| M79.605 | Pain in left leg | | | 07/08/2017 | 04/08/2019 | Scrimmager, Leon |
| F41.8 | Other specified anxiety disorders | | | 07/11/2017 | 07/12/2017 | Minn, Myoe |
| Z44.8 | Encounter for fitting and adjustment of other external prosthetic devices | | | 07/12/2017 | 07/12/2017 | Minn, Myoe |
| 820.9 | Open fracture of hip NOS | | | 07/12/2017 | 07/12/2017 | Minn, Myoe |
| R07.82 | Intercostal pain | | | 09/18/2017 | 09/18/2017 | Mccready, Joseph |
| Z71.3 | Dietary counseling and surveillance | | | 09/18/2017 | 09/18/2017 | Mccready, Joseph |
| A52.8 | Late syphilis, latent | | | 09/22/2017 | 09/22/2017 | Barnes (inactive), Landis |
| Z63.4 | Disappearance and death of family member | | | 09/22/2017 | 09/22/2017 | Mateo, Eugenio |
| 733.90 | Osteopenia | | | 10/18/2017 | 10/18/2017 | Mccready, Joseph |
| E78.5 | Hyperlipidemia, unspecified | | The client is on Remeron, Abilify at present. the medications can cause lipids and glucose abnormalities. Glyco Hemoglobin A1-C to be monitor. | 10/19/2017 | 10/19/2017 | Mejia, Franklin |



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

04/13/2019

Antonio Joseph, MD

Current Medications**Taking**

- Calcium 500/D 500-200 MG-UNIT
Tablet Total Dose: one tablet Twice a day,
stop date 04/28/2019, KOP: No, Drug
Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At
Bedtime, stop date 04/26/2019, KOP: No,
Drug Source: Pharmacy
- DiphenhydrAMINE HCl 50 MG Capsule
Total Dose: 100 mg At Bedtime, stop date
04/26/2019, KOP: No, Drug Source:
Pharmacy
- Menthol-Methyl Salicylate - Ointment
Total Dose: one application Every 8 Hours
prn, stop date 04/15/2019, Drug Source:
Pharmacy
- Robaxin 500 MG Tablet Total Dose: 500
mg Every 8 Hours, stop date 04/13/2019,
Drug Source: Pharmacy
- Naprosyn 250 MG Tablet Total Dose: 250
mg every 12 hrs, stop date 04/14/2019, Drug
Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose:
100 mg Every 8 Hours, stop date 05/11/2019,
Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment

1. Requesting stat dose of gabapentin

History of Present Illness**Notes:**

27 year old s/p left leg amputation with prosthesis in place.
complaining of phantom pain and requesting stat dose of Gabapentin.
Patient has an active prescription for Gabapentin 100 mg TID.

Examination**General Examination:**

GENERAL APPEARANCE: no acute distress.

NEUROLOGIC EXAM: alert and oriented x 3, gait: is s/p left BKA;
has left leg prosthesis.MENTAL STATUS: normal speech, normal, full affect, alert, awake,
oriented x 3.**Assessments**

1. Phantom limb syndrome with pain - G54.6

Treatment**1. Phantom limb syndrome with pain**

Start Gabapentin Capsule, 300 MG, Total Dose: 300 mg, Orally, 1 dose

Stat, 1 days, Refills 0, Drug Source: RN/LPN DOT

Notes: 27 year old s/p left leg amputation with prosthesis in place.

complaining of phantom pain and requesting stat dose of Gabapentin.

Patient has an active prescription for Gabapentin 100 mg TID.

Will give stat dose of Gabapentin as requested.

Follow Up

prn

Disposition: Return to Current Housing

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Antonio Joseph, MD 04/13/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

Appointment Provider: Christopher Larosa, PA

04/12/2019

Current Medications**Taking**

- Calcium 500/D 500-200 MG-UNIT
Tablet Total Dose: one tablet Twice a day,
stop date 04/28/2019, KOP: No, Drug
Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At
Bedtime, stop date 04/26/2019, KOP: No,
Drug Source: Pharmacy
- DiphenhydrAMINE HCl 50 MG Capsule
Total Dose: 100 mg At Bedtime, stop date
04/26/2019, KOP: No, Drug Source:
Pharmacy
- Menthol-Methyl Salicylate - Ointment
Total Dose: one application Every 8 Hours
prn, stop date 04/15/2019, Drug Source:
Pharmacy
- Robaxin 500 MG Tablet Total Dose: 500
mg Every 8 Hours, stop date 04/13/2019,
Drug Source: Pharmacy
- Naprosyn 250 MG Tablet Total Dose: 250
mg every 12 hrs, stop date 04/14/2019, Drug
Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose:
100 mg Every 8 Hours, stop date 05/11/2019,
Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Reason for Appointment**1. Charger****Assessments**

1. Complete traumatic amputation of left lower leg, level unspecified,
sequela - S88.912S

Treatment**1. Others**

Referral To:Nursing Follow Up NIC

Reason:Charger

Referral To:Internal (REF) DOC Miscellaneous

Reason:Please allow pt to use charger daily from 6 AM until 10
AM. Thank you

Disposition: Dorm 3/Handicapped Housing

Appointment Provider: Christopher Larosa, PA



Electronically signed by Christopher Larosa , PA on
04/12/2019 at 10:56 AM EDT

Sign off status: Completed

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 04/12/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

04/11/2019

Appointment Provider: Jonathan August

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Menthol-Methyl Salicylate - Ointment Total Dose: one application Every 8 Hours prn, stop date 04/15/2019, Drug Source: Pharmacy
- Robaxin 500 MG Tablet Total Dose: 500 mg Every 8 Hours, stop date 04/13/2019, Drug Source: Pharmacy
- Naprosyn 250 MG Tablet Total Dose: 250 mg every 12 hrs, stop date 04/14/2019, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Every 8 Hours, stop date 05/11/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox
 syphilis RPR 1:64 Jan17 treated, July17
 RPR1:8
 Chlamydia
 L. leg prosthesis with AKA 2017

History of Present Illness**Notes:**

pt known to PT from previous visit; pt says SMD Ramos received pt's prosthetic charger yesterday; says LB and hips hurting him; pt says he's unable to walk smoothly without prosthetic being charged and that he had to walk with a limp into PT room today.

Assessments

1. Complete traumatic amputation of left lower leg, level unspecified, sequela - S88.912S

Treatment

1. Complete traumatic amputation of left lower leg, level unspecified, sequela

Notes: Pt awaiting to get charger from SMD Ramos and then PT will try to have pt practice and build up skill on treadmill; mhp to LB x 20 minutes today; pt tol tx well.

Notes: do not r/s at present; PT will follow up with patient

Appointment Provider: Jonathan August



Electronically signed by Jonathan August on 04/11/2019 at 02:08 PM EDT

Sign off status: Completed

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Jonathan August 04/11/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**GEE, ANTOINE**

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Insurance: Self Pay

Appointment Facility: North Infirmar Command

04/11/2019

Appointment Provider: Christopher Larosa, PA

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- DiphenhydrAMINE HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Menthol-Methyl Salicylate - Ointment Total Dose: one application Every 8 Hours prn, stop date 04/15/2019, Drug Source: Pharmacy
- Robaxin 500 MG Tablet Total Dose: 500 mg Every 8 Hours, stop date 04/13/2019, Drug Source: Pharmacy
- Naprosyn 250 MG Tablet Total Dose: 250 mg every 12 hrs, stop date 04/14/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox
 syphilis RPR 1:64 Jan17 treated, July17
 RPR1:8
 Chlamydia
 L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment

1. Medication renewal

Assessments

1. Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter - S88.919A

Treatment

1. Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter

Start Gabapentin Capsule, 100 MG, Total Dose: 100 mg, Orally, Every 8 Hours, 30 days, Drug Source: Pharmacy

Disposition: Dorm 3/Handicapped Housing

Appointment Provider: Christopher Larosa, PA



Electronically signed by Christopher Larosa, PA on 04/11/2019 at 10:24 AM EDT

Sign off status: Completed

North Infirmar Command
 1500 Hazen Street

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 04/11/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**GEE, ANTOINE**

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Insurance: Self Pay

Appointment Facility: North Infirmary Command

04/10/2019

Appointment Provider: Christopher Larosa, PA

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- DiphenhydrAMINE HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment

1. C/o lower back pain

Assessments

1. Other dorsalgia - M54.89

Pt states he woke up with lower back pain and is requesting something for it. Pt also requested a double mattress. Pt informed that double mattress is not permitted.

Treatment**1. Other dorsalgia**

Start Menthol-Methyl Salicylate Ointment, -, Total Dose: one application, Externally, Every 8 Hours prn, 5 days, Drug Source: Pharmacy

Start Robaxin Tablet, 500 MG, Total Dose: 500 mg, Orally, Every 8 Hours, 3 days, Drug Source: Pharmacy

Start Naprosyn Tablet, 250 MG, Total Dose: 250 mg, Orally, every 12 hrs, 4 days, Drug Source: Pharmacy

Disposition: Dorm 3/ Handicapped Housing

Appointment Provider: Christopher Larosa, PA



Electronically signed by Christopher Larosa, PA on
04/10/2019 at 01:15 PM EDT

Sign off status: Completed

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 04/10/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

Appointment Provider: Leon Scrimmager, MD

04/08/2019

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy

Past Medical History

Chickenpox
 syphilis RPR 1:64 Jan 17 treated, July 17
 RPR 1:8
 Chlamydia
 L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment

1. S/p fall

History of Present Illness**TEMPLATES****Rikers Injury Report**

Patient claim he slipped and fell in the bathroom on some water. When the medical team arrived the patient was laying in a supine position on the floor with his prosthetic device rotated laterally. There was a small amount of water on the floor and the patient clothing were not wet. No one saw the patient fall he was only observed on the floor. He is c/o severe pain and claim he is unable to move. When I lightly touched his left hip he screamed in pain. Myself and the nurse were able to sit him up and then lift him onto the wheelchair. No bruises or lacerations observed.

Injury Report:**General**

DOC Injury Report available? Yes/

DOC Injury Report #: /

Event Location: *Housing Area bathroom*Intentionality: *Intentional /*Cause: *Sips and falls/*Verified Injury: *Injury by history only /*Did the patient have a blow to the head? *No /*Did the patient ever lose consciousness? *No /*Was the patient ever dazed and confused after injury? *No /***VISIT COMPLEXITY SCALE:****NON-INTAKE ACUITY**

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

| BP | |
|--------|---|
| 129/75 | 04/08/2019 08:39:16 PM Eastern Standard Time Leon Scrimmager |
| Pulse | |

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Leon Scrimmager, MD 04/08/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

| | | |
|-------------|---|-----------------|
| 104 | 04/08/2019 08:39:16 PM Eastern Standard Time | Leon Scrimmager |
| RR | | |
| 16 | 04/08/2019 08:39:16 PM Eastern Standard Time | Leon Scrimmager |
| Temp | | |
| 97.0 | 04/08/2019 08:39:16 PM Eastern Standard Time | Leon Scrimmager |
| SaO2 | | |
| 100% | 04/08/2019 08:39:16 PM Eastern Standard Time | Leon Scrimmager |

Patient seen due to emergency call for slip/fall with the MD, brought to the treatment room via wheel chair after assessment, vital signs taken and given to the MD and recorded. Tylenol #3 ordered and given for pain, later Robaxin 500mg ordered and given for muscle spasm. Patient later return to his dorm and monitor continues. Ogunnowo Oludayo RN.

Examination

General Examination:

GENERAL APPEARANCE: in moderate distress, in obvious pain.

HEENT: **HEAD**:-, atraumatic, **EYES**:-, PERRLA, EOMI.

NECK: supple, no thyromegaly, no lymphadenopathy, no carotid bruit, no JVD, normal ROM, non-tender, THYROID:-, no thyromegaly, nontender and FROM, supple.

HEART: RATE:-, regular, RHYTHM:-, regular, HEART SOUNDS:-, normal S1S2, MURMURS:-, none.

LUNGS: clear to auscultation, no wheezes/ rhonchi/ rales.

ABDOMEN: soft, NT/ ND, BS present, no masses palpated, no guarding or rigidity, no hepatosplenomegaly.

EXTREMITIES: displaced left prosthesis.

BACK: paraspinal lumbar tenderness L>R.

MUSCULOSKELETAL: tenderness left hip.

NEUROLOGIC EXAM: alert and oriented x 3.

Assessments

1. Pain in left leg - M79.605
2. Muscle spasm of back - M62.830

Treatment

1. Pain in left leg

Start Tylenol with Codeine #3 Tablet, 300-30 MG, Total Dose: 600-60 mg, Orally, Stat, 0 days, 2 Tablets, Refills 0, Drug Source: RN/LPN DOT

2. Muscle spasm of back

Start Robaxin Tablet, 500 MG, Total Dose: 500 mg, Orally, Stat, 0



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

Appointment Provider: Leon Scrimmager, MD

04/06/2019

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan 17 treated, July 17
RPR 1:8
Chlamydia
L. leg prosthesis with AKA 2017

Reason for Appointment**1. Pain****History of Present Illness****Notes:**

Patient states that he requested to see a physician for over one week to address his pain and no one saw him. He was seen several times and is currently on gabapentin for pain control and is getting Physical Therapy. He refused meloxicam and ibuprofen. He does not want to stay in the NIC and is requesting to return to his original housing area. This matter has to be addressed with his regular health care provider.

VISIT COMPLEXITY SCALE:**NON-INTAKE ACUITY**

Non-Intake Acuity Scale 1: *Uncomplicated sick call (med renewal, referral request, single Chief Complaint) OR refusal visit*

Assessments**1. Phantom limb syndrome with pain - G54.6****Disposition: Infirmary**

Appointment Provider: Leon Scrimmager, MD



Electronically signed by Leon Scrimmager, MD on
04/06/2019 at 09:32 AM EDT

Sign off status: Completed

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Leon Scrimmager, MD 04/06/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

Appointment Provider: Jonathan August

04/05/2019

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy

Past Medical History

Chickenpox
 syphilis RPR 1:64 Jan17 treated, July17
 RPR1:8
 Chlamydia
 L. leg prosthesis with AKA 2017

History of Present Illness**Notes:**

pt is a 27 y/o male with left AKA, January 27, 2015; pt says his lawyer has a charger for his prosthesis; pt says SMD Ramos is apparently in communication with pt's lawyer about getting charger on island; pt says he's good with walking, however pt says this present prosthesis is about 6 weeks old and pt says he wants to try to go from a walk to a jog; pt says he had only jogged once or twice with previous electronic prosthesis which he had for about 3 years; pt says he had a 'regular' prosthesis previously and that this new one is more for 'athletic' type activities; amputation was due to MVA. PSH: 17 surgeries on left AKA: PMH: HTN. osteopenia/ arthritis; (had ruptured both hips and split pelvis, abdominal reconstructive surgery; both femurs fx, right knee blown out, 4 ribs broken, coma x 6 months; had ex fix on hips and thighs, had OT, PT, speech); MEDS: none at present but pt says he's in a lot of pain due to arthritis primarily in pelvis and hips. Says he was taking stronger pain meds in the community; DX: left AKA, new prosthesis.

Examination**General Examination:**

PE/ OBJ: pt with 5/5 MMT of bilateral UE and right LE; AROM: WFL throughout bilateral UE and Right LE and left hip flexion; pt able to independently ambulate to PT room without assistive device without shoes with good balance, non antalgic gait;.

Assessments

1. Complete traumatic amputation of left lower leg, level unspecified, sequela - S88.912S

Treatment**1. Complete traumatic amputation of left lower leg, level unspecified, sequela**

Notes: pt says he was transferred to NIC because he had a slip/ fall in his other facility and that he preferred to be back in his original housing area, at least once he gets his personal footwear and the ability to charge his prosthesis with personal battery charger; pt tol evaluated well ;.

Notes: do not r/ s at present; as pt first needs his footwear and possibly

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Jonathan August 04/05/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

04/03/2019

Appointment Provider: Christopher Larosa, PA

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Reason for Appointment

1. c/o R ankle pain

Assessments

Pt c/o R ankle pain. Pt thinks the pain is due to his walking differently because he is having difficulty with his prosthesis, the charge is getting low. Pt offered motrin for pain but doesn't want anything. Pt was advised that his lawyer's phone and cell numbers were forward to pt relations so they could arrange getting his charger for his prosthesis to him. ✓

Disposition: Dorm 3/Handicapped Housing

Appointment Provider: Christopher Larosa, PA



Electronically signed by Christopher Larosa , PA on
04/03/2019 at 12:26 PM EDT

Sign off status: Completed

North Infirmary Command
1500 Hazen Street
East Elmhurst, NY 11370
Tel: 347-774-7000

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 04/03/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

04/03/2019

Appointment Provider: Christopher Larosa, PA

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, KOP: No, Drug Source: Pharmacy
- Calcium 500/D 500-200 MG-UNIT Tablet Total Dose: one tablet Twice a day, stop date 04/28/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy
- Diphenhydramine HCl 50 MG Capsule Total Dose: 100 mg At Bedtime, stop date 04/26/2019, KOP: No, Drug Source: Pharmacy

Past Medical History

Chickenpox
syphilis RPR 1:64 Jan17 treated, July17
RPR1:8
Chlamydia
L. leg prosthesis with AKA 2017

Reason for Appointment

1. PT referral

Assessments

1. Complete traumatic amputation of left lower leg, level unspecified, sequela - S88.912S

Pt referred to PT at SMD direction.

Treatment

1. Complete traumatic amputation of left lower leg, level unspecified, sequela

Referral To: Physical Therapy NIC PhysicalTh (Pending Approval)

Reason: Pt with L BKA, electronic prosthesis, please evaluate

Disposition: Dorm 3/ Handicapped Housing

Appointment Provider: Christopher Larosa, PA



Electronically signed by Christopher Larosa , PA on
04/03/2019 at 10:36 AM EDT

Sign off status: Completed

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 04/03/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: NIC Housing Area: DORM 3

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: North Infirmary Command

03/29/2019

Appointment Provider: Christopher Larosa, PA

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/11/2019, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5 mg At Bedtime, stop date 04/03/2019, KOP: No, Drug Source: Pharmacy
- Hydroxyzine HCl 50 MG Tablet Total Dose: 100 mg At Bedtime, stop date 04/03/2019, Drug Source: Pharmacy
- Acetaminophen 325 MG Tablet Total Dose: 650 mg three times a day, as needed, stop date 04/01/2019, KOP: No, Drug Source: Pharmacy
- Ultram 50 MG Tablet Total Dose: 50 mg Twice a Day, as needed, stop date 03/31/2019, Drug Source: RN/LPN DOT
- Gabapentin 100 MG Capsule Total Dose: 100 mg Three Times a Day, stop date 04/11/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox
 syphilis RPR 1:64 Jan17 treated, July17
 RPR1:8
 Chlamydia
 L. leg prosthesis with AKA 2017

Allergies

N.K.D.A.

Reason for Appointment

1. C/o right foot pain

Assessments

1. Other osteoporosis with current pathological fracture, unspecified femur, sequela - M80.859S (Primary)

Pt c/o R foot pain due to not being able to walk normally because his L prothesis needs to be plugged in and he doesn't have the charger.. Pt doesn't want to add any other meds except for vit D with calcium. Agrees to get hip xray and wants ankle xray. Pt claims he has osteopenia, hx of R femur fx with rod.

Treatment

1. Other osteoporosis with current pathological fracture, unspecified femur, sequela

Start Calcium 500/D Tablet, 500-200 MG-UNIT, Total Dose: one tablet, Orally, Twice a day, 30 days, Drug Source: Pharmacy

IMAGING: Ankle Right Ap, Oblique, Lateral (XRAY)IMAGING: Pelvis (XRAY)

Disposition: Dorm 3/Handicapped Housing

Appointment Provider: Christopher Larosa, PA



Electronically signed by Christopher Larosa, PA on
 03/29/2019 at 12:37 PM EDT

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Christopher Larosa, PA 03/29/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

| | | |
|--|---|-------------------------------|
| North Infirmiry Command | | Christopher Larosa, PA |
| 1500 Hazen Street East Elmhurst, NY 11370 | | Physician Assistant |
| Tel: 347-774-7000 Fax: 347-774-8088 | | |
| Patient: | GEE, ANTOINE | 04/15/2019 |
| DOB: | 03/20/1992, Sex: Male | |
| Address: | 223 NORTH JAMES ST, 2, PEEKSKILL, NY 10566 | |
| Phone: | | |
| Ordered Date: | 03/29/2019 | |
| Assessments: | Other osteoporosis with current pathological fracture, unspecified femur, sequela | |
| Lab: | Pelvis (XRAY) | |
| Fasting: | No | |
| Specimen: | Collection Date: 04/02/2019 Time: 2:26 PM | |
| Clinical Info: | possible hx of osteopeniam, hx of femur fx and pelvis fx c/o pain | |
| Name | Value | Reference Range |
| Result: | Abnormal/Positive/Reactive | |
| Received Date: | 04/03/2019 | |
| | Larosa, Christopher 4/3/2019 9:54:59 AM > CLINICAL HISTORY: | |
| | TECHNIQUE: AP films were obtained revealing the following: | |
| | ✓ FINDINGS: There is mild degenerative disease of both hips. There is an exostosis extending from the left iliac bone. There is an old fracture deformity of the pubic rami. There are multiple metallic densities overlying the right pelvis and right pubic rami, which may be related to coil material from old vascular studies. There are lucencies in the right femur that appeared to be related to old removal of hardware. | |
| Notes: | IMPRESSION: | |
| | 1. Old fracture deformity of pubic rami bilaterally with metallic coil material noted. | |
| | 2. Mild degenerative disease of both hips with no acute fractures. | |
| | 3. There is an exostosis extending from the left iliac bone. <i>false</i> | |
| | Report Electronically Signed by: Michael Shapiro | |
| | Report Electronically Signed on: 04/03/2019 06:18 AM | |

Patient Name: GEE, ANTOINE , DOB: 03/20/1992



Insurance: Self Pay

GEE, ANTOINE

NYSID: 01041691M BookCase: 3491901703

Facility Code: MDC Housing Area: 4S

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Appointment Facility: Manhattan Detention Center

Appointment Provider: Gloria Ihenacho, MD

03/23/2019

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/16/2019, KOP: No, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: 400mg Twice a Day, stop date 03/24/2019, KOP: No, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: 400 mg Twice a Day, stop date 03/26/2019, KOP: No, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5 mg At Bedtime, stop date 03/29/2019, KOP: No, Drug Source: Pharmacy-Non Carry
- Hydroxyzine HCl 50 MG Tablet Total Dose: 100 mg At Bedtime, stop date 03/29/2019, KOP: No, Drug Source: Pharmacy-Non Carry

Allergies

N.K.D.A.

Reason for Appointment

1. Phantom pain

History of Present Illness**NURSING ROS:**

11:10am- Pt presents to the clinic to adjust prosthesis to lower extremity. He reports the device is not adhering as it should be. He reports that when this occurs he need to wipe down and clean the area with rubbing alcohol or hand sanitizer. Pt was given hand sanitizer and under RN supervision he was able to adjust prosthesis. He then asked this RN about his medication, Neurontin. Pt referred to Dr. Ihenacho as a sick call. Pt was explained in detail the sick call procedure. Made aware it is not typical to be seen for sick call on weekends, and pt educated on how to sign up for sick call. A. Burke RN*

11:35am- Neurontin 300mg PO STAT given per Dr. Ihenacho order. Medication is not ordered standing, as medication needs to be approved by SMD. Pt made aware he will only be getting a 1 time, STAT dose for now, until he can see SMD during the week. Pt verbalized understanding. A. Burke RN*.

Vital Signs

| BP | | |
|--------|---|--------------|
| 133/76 | 03/23/2019 11:39:42 AM Eastern Standard Time | Andrea Burke |
| Pulse | | |
| 84 | 03/23/2019 11:39:42 AM Eastern Standard Time | Andrea Burke |
| RR | | |
| 14 | 03/23/2019 11:39:42 AM Eastern Standard Time | Andrea Burke |
| Temp | | |
| 99.9 | 03/23/2019 11:39:42 AM Eastern Standard Time | Andrea Burke |
| SaO2 | | |
| 97 | 03/23/2019 11:39:42 AM Eastern Standard Time | Andrea Burke |

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Gloria Ihenacho, MD 03/23/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PRINT ADDITIONAL COPY FOR NURSING ORDER

Printed 04/08/2019 @ 09:43 PM

MEDICATION ORDER

Name: GEE, ANTOINE

BookCase: 349-19-01703

NYSID: 01041691MDOB: 03/20/1992

Loc: NIC/DORM 3

Drug: Robaxin

Strength: 500 MG Total Dose: 500 mg Freq: Stat

Duration: 0 days

Form: Tablet

Route: Orally

Start: 04/08/2019

Stop: 04/08/2019

Diagnosis: Muscle spasm of back

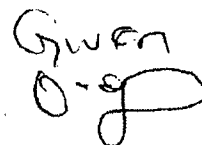
Physician Comments:

Written by: Leon Scrimmager, MD



Pharm:

Nursing Profile by:



Approved by:

Rx Order No: S68466490190408214305

Allergies: N.K.D.A.



3491901703

Order
Status: NEWDispense: 500 mg
Drug
Source: RN/LPN
DOTDate and Time of
Order: Scrimmager, Leon 4/8/2019
9:43:05 PM

**GEE, ANTOINE**

NYSID: 01041691M BookCase: 3491901703

Facility Code: MDC Housing Area: 4S

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Insurance: Self Pay

Appointment Facility: Manhattan Detention Center

03/22/2019

Progress Notes: Edith Ogbenna, RNC,FNP BC

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/16/2019, KOP: No, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: 400mg Twice a Day, stop date 03/24/2019, Drug Source: Pharmacy

Allergies

N.K.D.A.

Reason for Appointment

1. F/u pain meds evaluation

History of Present Illness**Notes:**

pt c/o bilateral hip and knee pain, said he has rod and crews to his bilateral hip, and rt knee, pt with left lower extremity prosthesis, pt said due to injury sustained 2015 in MVA.

VISIT COMPLEXITY SCALE:**NON-INTAKE ACUITY**

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

| BP | | |
|--------------|--|---------------|
| 132/72 | 03/22/2019 09:42:47 AM Eastern Standard Time | Edith Ogbenna |
| Pulse | | |
| 73 | 03/22/2019 09:42:47 AM Eastern Standard Time | Edith Ogbenna |
| RR | | |
| 14 | 03/22/2019 09:42:47 AM Eastern Standard Time | Edith Ogbenna |
| Temp | | |
| 98.4 | 03/22/2019 09:42:47 AM Eastern Standard Time | Edith Ogbenna |

Examination**General Examination:**

GENERAL APPEARANCE: well-appearing, no acute distress.
 HEENT: **HEAD**:-, normocephalic, atraumatic, **EYES**:-, PERRLA, EOMI, **EARS**:-, external ear unremarkable, **NOSE**:-, normal pink

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Edith Ogbenna, RNC,FNP BC 03/22/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PRINT ADDITIONAL COPY FOR NURSING ORDER

Printed 04/08/2019 @ 09:00 PM

MEDICATION ORDER

Name: GEE, ANTOINE

BookCase: 349-19-01703

NYSID: 01041691MDOB: 03/20/1992

Loc: NIC/DORM 3

Drug: Tylenol with Codeine #3

Strength: 300-30 MG

Total Dose: 600-60 mg

Freq: Stat

Duration: 0 days

Form: Tablet

Route: Orally

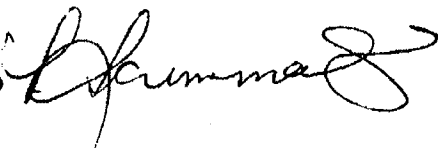
Start: 04/08/2019

Stop: 04/08/2019

Diagnosis: Pain in left leg

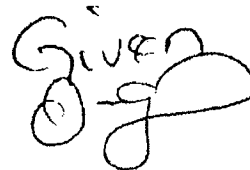
Physician Comments:

Written by: Leon Scrimmager, MD



Pharm:

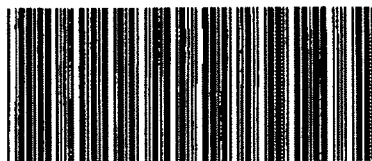
Nursing Profile by:



Approved by:

Rx Order No: S68465853190408210000

Allergies: N.K.D.A.



3491901703

Order
Status: NEWDispense: 2
TabletsDrug
Source: RN/LPN
DOTDate and Time of
Order: Scrimmager, Leon 4/8/2019
9:00:00 PM

PRINT ADDITIONAL COPY FOR NURSING ORDER

Printed 03/28/2019 @ 08:43 PM

MEDICATION ORDER

Name: GEE, ANTOINE

BookCase: 349-19-01703

NYSID: 01041691MDOB: 03/20/1992 Loc: MDC/RR

Drug: HydrOXYzine HCl

Strength: 50 MG Total Dose: 100 mg Freq: STAT

Duration: 0 days

Form: Tablet

Route: Orally Start: 03/28/2019 Stop: 03/28/2019

Diagnosis: Dysthymic disorder

Physician Comments:

Written by: Michael Davia, MD

Approved by:

Allergies: N.K.D.A.



3491901703

Order
Status: NEWDispense:
Drug
Source: RN/LPN
DOT

Pharm:

Nursing Profile by:

Rx Order No: S68251905190328204209

Date and Time of
Order: Davia, Michael 3/28/2019
8:42:50 PM

Name: GEE, ANTOINE

BookCase: 349-19-01703

NYSID: 01041691MDOB: 03/20/1992 Loc: MDC/RR

Drug: Abilify

Strength: 5 MG Total Dose: 5 mg Freq: STAT

Duration: 0 days

Form: Tablet

Route: Orally Start: 03/28/2019 Stop: 03/28/2019

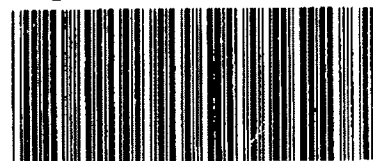
Diagnosis: Dysthymic disorder

Physician Comments:

Written by: Michael Davia, MD

Approved by:

Allergies: N.K.D.A.



3491901703

Order
Status: NEWDispense:
Drug
Source: RN/LPN
DOT

Pharm:

Nursing Profile by:

Rx Order No: S68251992190328204250

Date and Time of
Order: Davia, Michael 3/28/2019
8:42:50 PM

PRINT ADDITIONAL COPY FOR NURSING ORDER

Printed 03/23/2019 @ 11:27 AM

MEDICATION ORDER

Name: GEE, ANTOINE

BookCase: 349-19-01703

NYSID: 01041691MDOB: 03/20/1992

Loc: MDC/4S

Drug: Neurontin

Strength: 300 MG Total Dose: 1 cap Freq: Stat Duration: 0 days

Form: Capsule

Route: Orally Start: 03/23/2019 Stop: 03/23/2019

Diagnosis: Pain in left leg

Physician Comments:

Pharm:

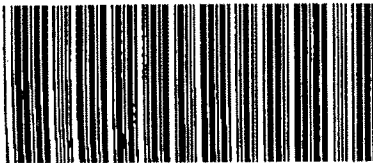
Written by: Gloria Ihenacho, MD

Nursing Profile by:

Approved by:

Rx Order No: S68136040190323112625

Allergies: N.K.D.A.



3491901703

Order
Status: NEWDispense:
Drug
Source: RN/LPN
DOTDate and Time of
Order: Ihenacho, Gloria 3/23/2019
11:26:25 AM

Given
ABU
11:35 AM

**GEE, ANTOINE**

NYSID: 01041691M BookCase: 3491901703

Facility Code: MDC Housing Area: 4S

27 Y old Male, DOB: 03/20/1992

Account Number: 348672

223 NORTH JAMES ST, 2, PEEKSKILL, NY-10566

Insurance: Self Pay

Appointment Facility: Manhattan Detention Center

03/23/2019

Progress Notes: Andrea Burke, RN

Current Medications**Taking**

- Amlodipine Besylate 5 MG Tablet Total Dose: 5 mg Daily, stop date 04/16/2019, KOP: No, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: 400mg Twice a Day, stop date 03/24/2019, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: 400 mg Twice a Day, stop date 03/26/2019, Drug Source: Pharmacy
- Abilify 5 MG Tablet Total Dose: 5 mg At Bedtime, stop date 03/29/2019, Drug Source: Pharmacy-Non Carry
- HydroXYZine HCl 50 MG Tablet Total Dose: 100 mg At Bedtime, stop date 03/29/2019, Drug Source: Pharmacy-Non Carry
- Neurontin 300 MG Capsule Total Dose: 1 cap Stat, stop date 03/23/2019, Drug Source: RN/LPN DOT

Reason for Appointment

1. Adjust prosthesis

History of Present Illness**NURSING ROS:**

11:10am- Pt presents to the clinic to adjust prosthesis to lower extremity. He reports the device is not adhearing as it should be. He reports that when this occurs he need to wipe down and clean the area with rubbing alcohol or hand sanitizer. Pt was given hand sanitizer and under RN supervision he was able to adjust prosthesis. He then asked this RN about his medication, Neurontin. Pt referred to Dr.Ihenacho as a sick call. Pt was explained in detail the sick call procedure. Made aware it is not typical to be seen for sick call on weekends, and pt educated on how to sign up for sick call. A.Burke RN*.



Electronically signed by Andrea Burke , AA on 03/23/2019 at 11:28 AM EDT

Sign off status: Completed

Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Andrea Burke, RN 03/23/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Examination**General Examination:**

GENERAL APPEARANCE: well-appearing; no acute distress.
HEENT: **HEAD:-**; normocephalic; **EYES:-**; PERRLA; EOMI;
conjunctiva clear.
NECK: GENERAL:-; supple.
HEART: PMI:-; normal; RATE:-; regular; RHYTHM:-; regular.
LUNGS: clear to auscultation and percussion.
ABDOMEN: soft, NT/ND, BS present.

Assessments

1. Pain in left leg - M79.605

Treatment**1. Pain in left leg**

Start Neurontin Capsule, 300 MG, Total Dose: 1 cap, Orally, Stat, 0
days, Drug Source: RN/LPN DOT

Notes: Verified pt was never on neurontin on the outside
will just give start dose.

Appointment Provider: Gloria Ihenacho, MD



Electronically signed by Gloria Ihenacho , MD on 03/23/2019
at 12:16 PM EDT

Sign off status: Completed

Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

Patient: GEE, ANTOINE DOB: 03/20/1992 Progress Note: Gloria Ihenacho, MD 03/23/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Att:Ms. Julia
PRisoners Rights Project

From Mr Antoine Gee
1500 Hazen Street
East Elmhurst New York
11370

I Mr Antoine Gee am hoping that this letter finds you in the best of health in also in good spirets.

the real reason that I am reaching out to you for help is because I am being denied my pain medication that I need for me to be able to function.

I am a amputee, I was presribed this medication before my incarceration by my docter at Hudson Médical, and I was also given the same medication by my primarie care docter who name is Docter Julia fields located at Mount Sinai hospital

I spoke to the Head docter here who,s name is docter Ramos . I told him that not only deal with the pain of myAmputee but I as have Suerverve Arthetus and Osteopenea . With all this going on I stay in pain 24 hours a day.

This is a major issue I also have Interl /hardware Bone Dinsity, and cronic Artherites.

THANK YOU FOR YOURTIME

YOURS TRULY

3 Administrative Law (Matthew Bender), ch 13, Authority to Make Rules; Rulemaking Under the APA § 13.02
 3 Administrative Law (Matthew Bender), ch 19, Investigations §§ 19.01, 19.04
 4 Administrative Law (Matthew Bender), ch 24, Burden of Proof and Presumptions § 24.04
 4 Administrative Law (Matthew Bender), ch 27, Witnesses § 27.02
 4 Administrative Law (Matthew Bender), ch 31, The Right to a Hearing § 31.02
 4 Administrative Law (Matthew Bender), ch 32, What Kind of Hearing? § 32.02
 4 Administrative Law (Matthew Bender), ch 36, Agency Orders § 36.01
 5 Administrative Law (Matthew Bender), ch 41, Licenses §§ 41.01, 41.02, 41.06
 5 Administrative Law (Matthew Bender), ch 45, Jurisdiction § 45.04
 5 Administrative Law (Matthew Bender), ch 49, Exhaustion of Administrative Remedies §§ 49.01-49.03
 6 Administrative Law (Matthew Bender), ch 50, Standing §§ 50.01, 50.04
 6 Administrative Law (Matthew Bender), ch 51, Judicial Review of Questions of Law and Facts § 51.04

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1 Am Jur 2d, Actions § 23
 3B Am Jur 2d, Aliens and Citizens § 1850
 3C Am Jur 2d, Aliens and Citizens §§ 1831, 2205, 2208, 2210, 2263
 4 Am Jur 2d, Animals § 26
 5 Am Jur 2d, Appellate Review § 448
 5 Am Jur 2d, Arrest § 3
 7A Am Jur 2d, Automobiles and Highway Traffic §§ 63, 75
 9 Am Jur 2d, Bankruptcy § 11
 15 Am Jur 2d, Civil Rights §§ 15, 230
 16 Am Jur 2d, Constitutional Law §§ 16, 18, 53, 154
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 49 Am Jur 2d, Landlord and Tenant §§ 797, 835, 850
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3 Civil Rights Actions (Matthew Bender), ch 14, Implied Causes of Action ¶¶ 14.01-14.04, 14.14, 14.15, 14.17, 14.20

3 Civil Rights Actions (Matthew Bender), ch 17, Discrimination in Federally Assisted Programs ¶¶ 17.04, 17.07, 17.16, 17.43

3 Civil Rights Actions (Matthew Bender), ch 18, Voting Rights ¶¶ 18.01-18.04

3 Civil Rights Actions (Matthew Bender), ch 8, Deprivation of Rights Under Color of State Law-- Elections (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶¶ 8.02, 8.04

3 Civil Rights Actions (Matthew Bender), ch 9, Deprivation of Rights Under Color of State Law-Educational Institutions (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶¶ 9.02, 9.03, 9.09, 9.12

3 Civil Rights Actions (Matthew Bender), ch 10, Deprivation of Rights Under Color of State Law-Law Enforcement and Prosecution (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶¶ 10.01-10.05, 10.08

3 Civil Rights Actions (Matthew Bender), ch 11, Deprivation of Rights Under Color of State Law-- Prisons (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶¶ 11.02, 11.04-11.06, 11.08, 11.10, 11.13, 11.15-11.19

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3 Civil Rights Actions (Matthew Bender), ch 12A, Deprivation of Rights Under Color of State Law-Business Licenses and Professional Privileges (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶¶ 12A.01-12A.03

3 Civil Rights Actions (Matthew Bender), ch 12B, Deprivation of Rights Under Color of State Law-Family Relations (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶¶ 12B.02, 12B.03

3 Civil Rights Actions (Matthew Bender), ch 12C, Deprivation of Rights Under Color of State Law-Mental Institutions (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶ 12C.01

3 Civil Rights Actions (Matthew Bender), ch 12E, Deprivation of Rights Under Color of State Law-Due Process in State Proceedings and State Created Rights (Civil Rights Act of 1871, 42 U.S.C. § 1983) ¶¶ 12E.01, 12E.05, 12E.06

3 Civil Rights Actions (Matthew Bender), ch 13, Conspiracies To Interfere With Civil Rights (Civil Rights Act of 1871, 42 U.S.C. §§ 1985, 1986) ¶¶ 13.02, 13.04, 13.07, 13.09

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3 Civil Rights Actions (Matthew Bender), ch 16, Discrimination in Public Education (Civil Rights Act of 1964, Title IV, 42 U.S.C. §§ 2000c through 2000c-9; Equal Educational Opportunities Act of 1974, Title II, 20 U.S.C. §§ 1701-1758) ¶¶ 16.01-16.04, 16.06, 16.09, 16.12, 16.13, 16.16-16.19

3 Civil Rights Actions (Matthew Bender), ch 19, Fair Housing (Civil Rights Act of 1968, Title VIII, 42 U.S.C. §§ 3601-3619) ¶ 19.11

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1 Administrative Law (Matthew Bender), ch 1, Introduction § 1.01

1 Administrative Law (Matthew Bender), ch 5, Officers and Employees § 5.02

1 Administrative Law (Matthew Bender), ch 6A, Governmental Liability in Tort § 6A.04

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